

# NEW RETIREE ENROLLMENT

PLAN YEAR 2019



## KEHP ENROLLMENT

Health Insurance  
Materials For  
New Retirees

### DEPENDENT ELIGIBILITY AUDIT

Documents for new dependents/spouses  
who are added during 2019.

See Page 23 for details.

# HAZ NOTICE

### YEARLY REQUIREMENT!

Hazardous duty retirees  
**MUST** submit Form 6256 in  
order for eligible spouse and  
dependents to receive health  
insurance contribution.



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# YOUR RESOURCES

**Submit in person, by fax or by mail.  
Your Paper Health Insurance  
Application To:**

**Kentucky Retirement Systems  
1260 Louisville Road  
Frankfort, KY 40601  
Fax: (502) 696-8822**

## Call Center

**Monday - Friday 8:00am - 4:30pm  
1-502-696-8800 or 1-800-928-4646  
Fax (502) 696-8822**

- On-site Counselors  
Perimeter Park West  
1260 Louisville Road  
Frankfort, KY 40601
- Email  
*krs.mail@kyret.ky.gov*  
General Questions only (unsecure)

## Our Website

***<https://kyret.ky.gov>***

- Links to Member Education Videos
- Member Forms and Directions
- News & Updates
- Publications (Recent and Archive)
- Contacting Us

## Self Service

***[MyRetirement.ky.gov](https://myretirement.ky.gov)***

- Update your personal information
- Get your retirement information



# ATTENTION ALL HAZARDOUS DUTY RETIREES



## YEARLY REQUIREMENT!

**Hazardous duty retirees MUST submit a Form 6256 in order for eligible spouse and dependents to receive health insurance contribution every year.**

**You must submit the Form 6256 with your health insurance application. If the Form 6256 is submitted late you will receive reimbursement of premiums for the 90 days prior to the receipt of the Form 6256 in Plan Year 2019.**

*Example: If you submit the form June 3, 2019 you will receive reimbursement for March – May 2019.*

# Submission Deadlines for Insurance for Newly Retired Members

## Form 6200 Health Insurance Application

For insurance coverage to begin the same month as your retirement payment, you must file a Form 6200 with our office by the last day of the month prior to the month you retire. If you miss the deadline, you will be placed on the default plan. New Retirees are allowed to change their health insurance plan coverage within the first month of their retirement.

### ***For example:***

Retirement Date	Form 6200 Due By	Insurance Effective Date
May 1	April 30	May 1

If you miss the above deadline, you can still submit a Form 6200. Your Form 6200 must be filed with our office by the last day of the month in which you retire.

### ***For example:***

Retirement Date	Form 6200 Due By	Insurance Effective Date
May 1	May 30	June 1

## ***Did You Know...***

*In order for insurance to be effective during the first month of retirement, all insurance forms and required documents must be filed with KRS the month before the first monthly benefit is issued.*

## **Please remember**

- If you do not return a health insurance application either waiving coverage or selecting a plan, you will be defaulted into a single health insurance plan.
- Your retirement can be effective without insurance coverage.
- You are responsible for filing your insurance application by the due date.
- Documentation for health insurance dependents/spouse is required.
- Waiting until the last minute to file an application will cause delays in receiving your insurance card and accessing benefits.

**If you miss both deadlines you will remain in the default health insurance single plan and are ineligible to select a new health insurance plan until the next open enrollment period or unless you experience a qualifying event.**



# What You Need to Know for 2019

## Insurance for retirees & beneficiaries

KRS provides group medical insurance for retired members. Participation in the insurance program may be waived at the time of retirement or during open enrollment. KRS provides access to group health insurance coverage through the Kentucky Employees Health Plan for recipients until they become eligible for Medicare. After a recipient becomes eligible for Medicare, coverage is available through a Medicare eligible plan offered by KRS.

In order to cover a spouse or dependent on a plan the retiree must also be enrolled and covered by a KRS plan. If a retiree waives coverage, the spouse and/or eligible dependents cannot be enrolled in the KRS Health Insurance Plans.

Members enroll in the appropriate insurance plan upon retirement by completing the proper KRS Forms (Note: if a waiver of health insurance coverage is not received by KRS, you will be defaulted into a health insurance plan at the single level of coverage). In order for insurance to be effective during the first month of retirement, all insurance forms and required documents must be filed with KRS the month before the first monthly benefit is issued. If your insurance forms are filed at KRS during the month in which your first monthly benefit is issued, insurance coverage will be effective the following month. After initial enrollment, members may only make changes to their coverage selections during the annual open enrollment period. Members who experience certain qualifying events may be eligible to make changes throughout the year.

## Waiver of health insurance coverage

If a retiring member chooses to waive insurance coverage through KRS, the contribution KRS would have paid toward insurance is forfeited and coverage through KRS cannot be obtained until the next annual Open Enrollment period unless a qualifying event occurs.



**Unless you waive coverage, you will be defaulted into a single plan and can only be changed at Open Enrollment or a qualifying event.**

## If you or your dependents become eligible for Medicare

If you or your eligible dependents become eligible for Medicare due to age or disability, you should contact the retirement office for information concerning health insurance options. The Medicare eligible individual and other covered individuals may be required to complete new applications. Anyone covered by a Medicare eligible plan through the retirement office should obtain both Parts A and B of Medicare through the Social Security Administration in order to have full medical insurance coverage. As soon as you know that you or an eligible dependent will become Medicare eligible, contact the retirement office to discuss your insurance options.

## OUR VENDORS

**Anthem**   
BlueCross BlueShield  
Medical Third-Party Administrator

 **CVS caremark**<sup>TM</sup>  
Pharmacy Benefits Manager

  
Transparency Vendor

  
**WageWorks**  
*everyone benefits*  
FSA/HRA Administrator

  
Wellness Program Administrator  
Formerly HumanaVitality



# What You Need to Know for 2019

## Let Technology Help You

### GET ENGAGED -

Let technology help you - download these apps or check out a website from your vendors to simplify your life.



### Do not send your completed application anywhere except to KRS for processing.

If you send your application somewhere other than to KRS, you may fail to receive the requested change to your coverage or you could lose eligibility by not meeting the required deadline.



**A 24/7 Nurseline access for health-related questions (877) 636-3720.**



**Substance Use Disorder telephone resource line available 24/7 (855) 873-4931.**



**Diabetes Prevention Program (DPP) available for members with pre-diabetes. Earn Go365 Points too! (844) 402-KEHP (5347).**



**Free doctor and therapists visits through LiveHealth Online Medical, Psychology and Psychiatry (888) 548-3432 or livehealthonline.com. See page 20.**



**Future Moms program offering prenatal education and guidance @ 844-402-KEHP (5347). Earn Go365 Points too!**



**Rethink- Free support for caregivers of children with learning or behavioral challenges. See page 20.**



**Earn cash and incentives, save money, and get healthy: Go365 (855) 478-1623 and Vitals SmartShopper (855) 869-2133.**

### Employment After Retirement

Please be advised that under the Medicare Secondary Payer (MSP) Act, in certain circumstances, a Medicare eligible retiree's reemployment with a participating agency of Kentucky Retirement Systems will **PROHIBIT** Kentucky Retirement Systems from offering or continuing to offer retiree coverage under the Humana Medicare Advantage Plan. Please call KRS if you have questions. You should also contact Medicare if you have questions.

If your active employment makes you eligible for insurance coverage and you are not Medicare eligible, you must decide if you wish to carry your coverage through KRS or your employer. If you want to move your coverage from KRS and carry insurance through your employer, you need to submit an application to KRS indicating you will waive coverage and submit an application to your employer by the KRS enrollment due date or during your employer's enrollment period.

If the retiree has an initial participation date with KRS on or after September 1, 2008 and is reemployed after retirement in a regular full-time position, the employee will not be eligible for health insurance coverage through KRS and will be required to take health insurance coverage through his employer during the period of reemployment.

If the retiree is Tier 1 and is reemployed in a regular full-time position, the retiree may enroll in health insurance through his employer or through KRS. If the retiree enrolls in health insurance through KRS, his employer will be billed for the single contribution rate premium.

# What You Need to Know for 2019

## BENEFIT HIGHLIGHTS

As a health plan member you have access to many innovative health and wellness benefits that can help you save money on medical expenses. Below are a few details on some of your benefits:

In 2015, KEHP became one of the first state employee health plans to offer qualifying members **free enrollment in the national Diabetes Prevention Program (DPP)**. For more information on Value Benefits for Diabetes and COPD/Asthma, see page 19.



You can now **see a doctor online for free with LiveHealth Online**. Talk face-to-face with a doctor 24-hours a day, seven days a week — from a computer, tablet, or mobile device from nearly anywhere in the U.S.



When life gets busy, it can be hard to find the time to take care of yourself. To help manage your health, reduce stress, and bring balance to your life, Anthem is offering you **myStrength™**. Log on to your secure site at **anthem.com** to access myStrength.

**Do not send your completed application anywhere except to KRS for processing.**

If you send your application somewhere other than to KRS, you may fail to receive the requested change to your coverage or you could lose eligibility by not meeting the required deadline.

## Bank Draft Authorization

If you are currently paying for KRS health insurance from a monthly invoice you receive in the mail, KRS now requires a bank draft authorization. If your portion of health insurance premiums is in excess of your net monthly retirement payment, that "direct payment" for health insurance must be paid by electronic transfer. Form 6131, Bank Draft Authorization for Direct Pay Accounts, is required along with a canceled check or other bank verification. See pages 49-50. If an active Form 6131 is not in your file, you must submit one to our office during open enrollment to prevent any disruption of your health insurance coverage.



## HAZARDOUS DUTY RETIREES WITH HEALTH INSURANCE DEPENDENTS

**You must file a FORM 6256 every year. You are also required to provide eligibility documentation for your dependent(s) if it is not already on file with KRS.**

**CHILD:** If your dependent child is between the ages of 18 and 22, you will need to complete Form 6256 (page 45). A birth certificate or other supporting documentation will be required if not on file.

**SPOUSE:** You will need to complete Form 6256 (page 45). A marriage certificate or other supporting documentation will be required if not on file.

## YOU MUST COMPLETE A FORM 6256 EVERY YEAR



**Form 6256** Designation Of Spouse and/or Dependent Child for Health Insurance Certification of Dependent Eligibility

If you fail to notify KRS of changes in your dependent's eligibility (child AND spouse), you will **BE REQUIRED TO REPAY** any insurance benefits paid on behalf of the ineligible person. See page 35.

You may continue to cover Dependents of Hazardous Duty between the ages of 22-26 as they are eligible for coverage but not eligible for the Premium Contribution. Retiree will be responsible for the additional cost for coverage. **Please see page 33-35 for Hazardous Retiree Dependent Information Changes and Contribution Information.**

# What You Need to Know for 2019

## MEDICARE

**If you or your dependents become eligible for Medicare**

*Turning 65 years old? See page 11 for more information.*

If you or your eligible dependents become eligible for Medicare due to age or disability, you should contact the retirement office for information concerning health insurance options. The Medicare eligible individual and other covered individuals may be required to complete new applications. Anyone covered by a Medicare eligible plan through the retirement office should obtain both Parts A and B of Medicare through the Social Security Administration in order to have full medical insurance coverage. As soon as you know that you or an eligible dependent will become Medicare eligible, contact the retirement office to discuss your insurance options.

## What are Tobacco User Fees?

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. You are eligible for the non-tobacco user premium contribution rates provided you certify that you and any other person to be covered under your plan has not regularly used tobacco within the past six months.

- “Regularly” means tobacco has been used four or more times per week on average excluding religious or ceremonial use.
- “Tobacco” means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the frequency or method of use.
- “Dependent” means, for the purpose of the Tobacco Use Declaration, only those dependents who are 18 years of age or older.

If you have regularly used tobacco within the past six months, you are subject to the monthly fee as discussed below. For those with single coverage, the fee is \$40.00 per month. For those with any dependent coverage (Parent Plus, Couple, Family), even if only one person uses tobacco, the fee is \$80.00. You should add either \$40.00 or \$80.00 to the premium amounts for your level of coverage. The retiree/ planholder/ beneficiary will be responsible for paying the fee even if they have 100% contribution (retiree with 240 months or greater.)

*Specific account information, including what contribution amount, if any, KRS may pay, can only be discussed by telephone if the caller has established a Personal Identification Number (PIN) with the retirement office.*



# What You Need to Know for 2019



## The LivingWell Promise for 2019

The KEHP began the LivingWell Promise in 2014. Each year since then, more members have become aware of their health status and the benefits of health and wellness. In fact, members have collectively dropped their Go365 Age by half a year!

**All plans include the Promise for 2019. All planholders must take the Go365 Health Assessment or complete a biometric screening.**

## LivingWell Fee

If you selected the LivingWell PPO or LivingWell CDHP for 2018 and FAILED to complete the LivingWell Promise (complete the online health assessment or biometric screening) **YOU WILL BE RESPONSIBLE FOR PAYING AN ADDITIONAL \$40 LIVINGWELL FEE EVERY MONTH IN 2019.** The retiree/planholder/beneficiary will be responsible for paying the fee even if they have 100% contribution (retiree with 240 months or greater.)

## All plans include the Promise for 2019

- You must take the Go365 Health Assessment (HA) or get a Biometric Screening;
- You must fulfill your Promise within 90 days or you will be responsible for paying an additional \$40 LivingWell fee every month in 2020.
- You do not have to complete both the Go365 HA and Biometric Screening.

## If you have the cross-reference option:

- You and your spouse must both fulfill the LivingWell Promise;
- If only one of you fulfills the Promise, then the other person will be responsible for the \$40.00 LivingWell fee in 2020; and
- You and your spouse can each choose separately how you fulfill the LivingWell Promise, whether by taking the Go365 HA or getting a Biometric Screening.

## COMPLETING THE PROMISE

Complete your Health Assessment at Go365.com or you can download the Go365 mobile app. To get a biometric screening, you can visit your physician, a retail clinic such as Kroger Little Clinic or Walgreens, your health department, or possibly your work site. You don't have to complete both the HA and biometric screening, but if you do, you will earn more Go365 Wellness Points.

**More information is available on the LivingWell website at [livingwell.ky.gov](http://livingwell.ky.gov).**

# What You Need to Know for 2019

**NOTICE:** Non-Hazardous Retirees who elect the LivingWell CDHP, LivingWell PPO or LivingWell Basic CDHP with a coverage level of Parent Plus, Couple, Family or Family Cross Reference: The Maximum Contribution allowed for the LivingWell CDHP is \$709.46, the Maximum Contribution allowed for the LivingWell PPO is \$729.34 and the Maximum Contribution allowed for the LivingWell Basic CDHP is \$682.80. Retirees and beneficiaries may also contact the retirement office for assistance in determining insurance costs.

Specific account information, including what contribution amount, if any, KRS may pay, can only be discussed by telephone if the caller has established a Personal Identification Number (PIN) with the retirement office.



**IF YOU ARE A HAZARDOUS RETIREE, PLEASE REFER TO THE HAZ NOTICE ON PAGE 33.**

## **MEMBERS WITH PARTICIPATION DATE PRIOR TO JULY 1, 2003**

In order to determine your cost for coverage in 2019, please refer to the guides on pages 32-35 enclosed in this notice.

Retirees with non-hazardous service credit only and beneficiaries of non-hazardous retirees should refer to page 32. Retirees with only hazardous duty service credit should refer to pages 33-35. Retirees with both non-hazardous and hazardous duty service should also refer to pages 33-35.

## **MEMBERS WITH PARTICIPATION DATE ON OR AFTER JULY 1, 2003**

In order to determine your cost for coverage in 2019, please refer to the guides on pages 36-37 enclosed in this notice.

Retirees or Beneficiaries of retirees with hazardous duty service credit may contact the retirement office for assistance.

Specific account information, including what contribution amount KRS may pay, can only be discussed by telephone if the caller has a Personal Identification Number (PIN) with KRS and can provide it to the representative.

## **LivingWell Promise - REQUIRED BY ALL PLANHOLDERS**

The KEHP is continuing the LivingWell Promise in 2019. All four plan options require completion of the LivingWell Promise. Read the information below and on page 16-17 for more information.

### **2019 LivingWell Promise**

- You must take the Go365 Health Assessment (HA) OR get a biometric screening;
- You must fulfill your Promise within 90 days or you will be responsible for paying an additional \$40 LivingWell fee every month in 2020.

You do not have to complete both the HA and biometric screening. But, if you do, you will receive additional Go365 Points.

### ***If you have the cross-reference payment option:***

- You and your spouse must both fulfill the LivingWell Promise;
- If you both fulfill the Promise, you and your spouse will not be responsible for paying an additional \$40 LivingWell fee every month in 2020;
- If only one of you fulfills the Promise, then the other person will be responsible for paying an additional \$40 LivingWell fee every month in 2020;
- You and your spouse can each choose separately how you fulfill the LivingWell Promise, with either the biometric screening or HA.





## Transitioning to **MEDICARE**

*If you are turning 65 in the next 12 months, you may be wondering...*

# What happens when I turn 65 and transition to Medicare?

Video available for  
*Transitioning to KRS Medicare eligible  
health insurance coverage*

The KRS Retiree Health Care Division has prepared a video for prospective Medicare eligible members on the topic of transitioning to Medicare eligible health insurance coverage. *The webinar explains:*

- What to expect when transitioning to Medicare
- How to enroll to ensure a smooth transition
- Discusses the current Humana Medicare Advantage options available through KRS.



### ACCESS OUR VIDEO AT

Go to our website at

<https://kyret.ky.gov>

Click - **Retirees**

Click - **Insurance**

Click - **Qualifying Events**

Or a direct link at

[https://kyret.ky.gov/Members/Insurance/  
Pages/Qualifying-Events.aspx](https://kyret.ky.gov/Members/Insurance/Pages/Qualifying-Events.aspx)



# LivingWell CDHP

**The LivingWell Consumer Driven Health Plan (CDHP) allows you to be more in control of managing your health expenses.**



You pay 15% and the health plan pays 85% once your deductible is met, which is the lowest member co-insurance percentage.



Your medical and pharmacy costs both apply toward the deductible and maximum out-of-pocket expenses.



You only pay the co-insurance amount on medications on the preventive therapy drug benefit list. No deductible! See page 18 for more information.



**You must complete the LivingWell Promise.**



Your pharmacy benefit preferred drug listing - sometimes called a formulary - is the Advanced Control Formulary administered by CVS Caremark.



You will receive a pre-funded Health Reimbursement Arrangement (HRA) to use to pay toward your deductible and maximum out-of-pocket costs.



## How the HRA works

- You will receive a WageWorks® VISA Healthcare card that is pre-funded with \$500 if you have single coverage or \$1,000 if you have couple, parent-plus, or family coverage levels.
- Use the HRA to help pay for your co-insurance, which reduces your deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible vision and dental expenses; these expenses do not reduce your deductible.





# LivingWell PPO

**The LivingWell Preferred Provider Organization (PPO) is a traditional health plan.**



You will have a higher premium with this plan option because there are co-payments for certain services, rather than co-insurance.



Your co-pays will not apply to your deductible, but will apply to your out-of-pocket maximum.



You will have a co-payment for all prescription tiers.



Your pharmacy benefit preferred drug listing - sometimes called a formulary- is the Advanced Control Formulary administered by CVS Caremark.



Your medical out-of-pocket maximum is separate from your pharmacy out-of-pocket maximum, and they accumulate separately.



**You must complete the LivingWell Promise.**

**Visit our website  
for forms and  
information**

**<https://kyret.ky.gov>**





# LivingWell Basic CDHP

**The LivingWell Basic CDHP puts you in more control of managing your health expenses, but with basic coverage.**



You pay 30% and the health plan pays 70% once your deductible is met.



Your medical and pharmacy costs both apply toward the deductible and maximum out-of-pocket.



You only pay the co-insurance amount on medications on the preventive therapy drug benefit list. No deductible! See page 18 for more information.



**NEW!** Your pharmacy benefit preferred drug listing - sometimes called a formulary- is the Value Formulary administered by CVS Caremark. The Value Formulary is new to this plan and provides more generic drug options and less brand-name options.



**You must complete the LivingWell Promise.**



You will receive a pre-funded Health Reimbursement Arrangement (HRA) to use to pay for your deductible and maximum out-of-pocket costs.



## How the HRA works

- You will receive a WageWorks® VISA Healthcare card that is pre-funded with \$250 if you have single coverage or \$500 if you have couple, parent-plus, or family coverage levels.
- Use the HRA to help pay for covered expenses, which reduces your deductible.
- Use this card at your doctor's office, hospital, or pharmacy. Simply swipe the card to help pay for your eligible expenses, which will be deducted from your card balance.
- You can also use this card to pay for eligible vision and dental expenses; these expenses do not reduce your deductible.

**READ CAREFULLY**

# DEFAULT PLAN



## **NEW! LivingWell Limited High Deductible Plan**

**The LivingWell Limited High Deductible Plan - a catastrophic-type coverage with a new formulary covering more generic drug options and less brand-name options. This is NOT the best plan for most people. Please read carefully.**

**THIS IS THE DEFAULT PLAN FOR 2019.**



You pay 50% and the health plan pays 50% once your deductible is met.



This plan does not include a pre-funded Health Reimbursement Arrangement (HRA).



Your medical and pharmacy costs both apply toward the deductible and maximum out-of-pocket expenses.



Your pharmacy benefit preferred drug listing - sometimes called a formulary- is the Value Formulary administered by CVS Caremark, which includes generics and a very few brand-named medications.



**You must complete the LivingWell Promise.**



You pay 50% of the total in-network prescription costs.



**Unless you waive coverage, you will be defaulted into a single plan and can only be changed at Open Enrollment or a qualifying event.**



As part of the LivingWell Promise, you must take the Go365 Health Assessment (HA) or complete a Biometric Screening. **It's your choice – do whichever one you prefer within 90 days.** If you choose to do both, you will earn more Go365 Points! You are the only family member that must complete the HA or Biometric Screening, unless you have a cross-reference payment option. (See page 9 for more information).

## About the Go365 Health Assessment

The HA is a series of questions about your current physical and mental well-being, your day-to-day lifestyle, and how you feel about your current health levels. It takes about 10-15 minutes to complete. At the end:

- You will receive your Go365™ Age;
- You become more aware of your health status; and
- Your Go365 Blue status will move to Go365 Bronze status, earning you bonus Go365 Points.

As you increase your wellness Go365 Points, you will climb from Blue, Bronze, Silver, Gold, and Platinum! As you increase your status, you earn Bonus Go365 Points. You can use your Points to purchase items from the Go365 Mall, like gift cards, movie tickets, and electronics. Note: Rewards paid to an employee for participating in a wellness program are taxable.

KEHP takes your personal health information seriously and has measures in place to protect this information. All responses to your HA are strictly confidential and protected under HIPAA. KEHP will not collect, access, or retain your personal health information, nor will KEHP share your personal health information with your employer. KEHP may receive aggregate information from Go365 that does not identify any individual in order to design and offer health programs aimed at improving the health of KEHP members.

**The wellness and rewards solution that motivates action and inspires healthy changes**

Based on the feedback of employers and employee members, combined with more than five years of consumer research, we're refreshing the nation's pre-eminent loyalty and wellness program.

## How to Take the Go365 Health Assessment

**First-time users** - You will need your Go365 member ID number or Social Security number to register.

- You can register via a computer by visiting [Go365.com](http://Go365.com) and clicking on "Register now." Follow the steps and create a user name and password; or
- You can download the Go365 app and register. Follow the steps to create a user name and password.

**Returning users** - You will need your Go365 user name and password or your Go365 member ID number to retrieve your user name and password.

- You may take your HA at [Go365.com](http://Go365.com) or on the Go365 mobile app. Once you sign in, you will see your previous Biometric Screening results (if within the last 18 months); **and**

- Update all of the fields that have changed and leave the fields that are still accurate. If you don't have your current Biometric Screening data that's okay; leave the prior year's answers in place or answer "don't know."







# Complete a Biometric Screening

A Biometric Screening is lab work to test your cholesterol and blood glucose, check your blood pressure, and determine your Body Mass Index (BMI) by gathering information about your height, weight, and waist circumference.

You will earn up to a maximum of 4,000 Go365 Points and Go365 Bucks for completing a Biometric Screening. You will receive Go365 Points for taking each test (cholesterol, blood glucose, blood pressure), and additional Go365 Bucks for being in healthy ranges.

- You are strongly encouraged to fast for 9-12 hours before your screening.\*
- You should take your Go365 member ID number and the correct voucher to your Biometric Screening location. Vouchers are located at [livingwell.ky.gov](http://livingwell.ky.gov).
  - Click “LivingWell Promise” in the header bar and click on “Complete a Biometric Screening.” Click on the location you wish to visit, print the voucher, and take it to your Biometric Screening.
- You have four options available for you to complete your Biometric Screening.

Biometric Screening Location Options	VOUCHER	COST
<b>Certain on-site work locations.</b> Check with your local wellness champ to find out if your work site is having a Biometric Screening time.	The vendor at your onsite work location will submit your results to Go365. You do not need to print a voucher.	<b>No cost to you</b>
<b>Local Health Department</b> Go to <a href="http://livingwell.ky.gov">livingwell.ky.gov</a> to find a location, or you can call and ask your local health department.	The health department will submit your results to Go365. You do not need to print a voucher.	<b>No cost to you</b>
<b>At a retail clinics</b> <i>(e.g., Krogers’ Little Clinics, Walgreens’ Take Care Clinics, Concentra)</i>	The retail clinic will submit your results to Go365. You need to print a voucher from <a href="http://livingwell.ky.gov">livingwell.ky.gov</a> and take it with you to the clinic. You can find the voucher under the LivingWell Promise tab.	<b>No cost to you</b>
<b>At your Primary Care Physician (PCP)</b>	You need to print a PCP voucher from <a href="http://livingwell.ky.gov">livingwell.ky.gov</a> . You will not get credit for completing a Biometric Screening if you do not submit this form.	Preventive Services are at no cost to you if you use an in-network provider; however, there may be a charge if your provider submits the claim other than for preventive services.

The Biometric Screening increases your awareness of your health status. The results do not affect your health insurance coverage or premiums. Maintain a copy of the paperwork you receive from your Biometric Screening as proof of fulfilling the LivingWell Promise.

\*Fasting for 9-12 hours is strongly recommended but not required – nothing to eat or drink except water. Some exceptions for fasting: people who have been diagnosed with diabetes mellitus, hypoglycemia, women who are pregnant and people taking prescription medicines that must be taken with food.



# Prescription Drug Coverage

## **PRESCRIPTION COVERAGE**

All four health insurance plan options include coverage for prescription drugs. Your prescriptions can be filled at any CVS/Caremark in-network pharmacy, and do not have to be filled at a retail CVS pharmacy store.

### **LivingWell CDHP and the LivingWell PPO Advanced Control Formulary**

- Generic and brand-named drugs
- 30-day supply or a 90-day supply at a participating retail pharmacy or through CVS/Caremark mail order
- 3-tiers of coverage - generic, formulary (brand), and non-formulary (brand)
- View the Advanced Control Formulary at [kehp.ky.gov](http://kehp.ky.gov) or at CVS/Caremark

### **LivingWell Basic CDHP and LivingWell Limited High Deductible Plan Value Formulary**

- More generics, less brand-named drugs
- 30-day supply or a 90-day supply at a participating retail pharmacy or through CVS/Caremark mail order
- 2-tiers of coverage - generic and formulary (brand)
- View the Value Formulary at [kehp.ky.gov](http://kehp.ky.gov) or at CVS/Caremark

## **Preventive Therapy Drug Benefit - Bypass Your Deductible**

If you have a CDHP or the Limited High Deductible Plan, you only pay the co-insurance amount for medications on the Preventive Therapy Drug Benefit list. This is a list of medications you need on a regular basis to prevent conditions such as high blood pressure or high cholesterol. Refer to the Preventive Therapy Drug Benefit list at [kehp.ky.gov](http://kehp.ky.gov). The co-insurance amounts are listed on the Benefits Grid on pages 26-27.

**Additional information about your prescription drug coverage is available at [kehp.ky.gov](http://kehp.ky.gov) or you may contact CVS/Caremark at 866-601-6934.**



# NEW! Value Benefits for Diabetes & COPD/Asthma

Your health and wellness are important to us. In 2015, we implemented the Diabetes Value Benefit and we have seen greater numbers of members with diabetes take their medications regularly. We have also seen members reduce their need for other medications because getting diabetes under control improves their overall health. Emergency room visits and hospital stays for these members have also decreased as members keep their diabetes in control.

Based on that success, we are adding COPD (chronic obstructive pulmonary disease) and asthma to the Value Benefit program.

Diabetes, COPD, and asthma are serious conditions that may have serious complications. The KEHP continuously monitors the costs of these and other chronic conditions. Helping members control these diseases by reducing their costs has proven to be effective in reducing plan costs.

If you receive maintenance prescriptions or supplies for treatment of these conditions, your pharmacy costs are being reduced!

You will pay a reduced co-pay and/or co-insurance, with NO DEDUCTIBLE, for most maintenance prescriptions or supplies for the treatment of diabetes, COPD, and asthma!

See the chart below, instead of the chart on page 26, for the cost that you will pay.



## KEHP Member Success Story

*"I began utilizing the wellness program, and (through Diabetes Value Benefit) my medications and testing supplies are now very low or no-cost. My numbers have improved so much that I ceased taking some of my other cardiac medications and my diabetes medications have been cut in half—a big savings out of my pocket!"*

*I'm now going to the doctor about half as much as I did before. I found numerous benefits from this program and I urge others who share my condition to take advantage of these offerings."*

Value Benefit Design	LivingWell CDHP	LivingWell PPO	LivingWell Basic CDHP	LivingWell Limited HDP
	Advanced Control Formulary		Value Formulary	
<b>30-Day Supply</b>	NO DEDUCTIBLE		NO DEDUCTIBLE	NO DEDUCTIBLE
Tier 1 – Generic	0%	\$0	0%	0%
Tier 2 – Preferred	10%	\$25	25%	45%
Tier 3 – Non-Preferred	10%	\$45	N/A	N/A
<b>90-Day Supply</b> (Retail or Mail Order)	NO DEDUCTIBLE		NO DEDUCTIBLE	NO DEDUCTIBLE
Tier 1 – Generic	0%	\$0	0%	0%
Tier 2 – Preferred	10%	\$50	25%	45%
Tier 3 – Non Preferred	10%	\$80	N/A	N/A



# Telehealth Support for Medical and Behavioral Health Needs

## **LiveHealth Online Medical, Psychology, and Psychiatry**

Video chat with board-certified doctors and therapists - FREE - that's right, no co-pay, no deductible - nothing out of your pocket! You and your dependents who are covered under the Kentucky Employees' Health Plan have access to Live Health Online for medical and behavioral health treatment. It's secure, convenient, and easy-to-use. All you need is a computer or mobile device with internet and video access-at home, in the office, or on the go! Go to LiveHealth Online and register today, then you will be ready to call when you need to, or call 1(888) 548-3432.

### **LiveHealth Online Medical**

- Available 24/7
- Access to in-network, board-certified doctors
- Allows doctors to ePrescribe using local pharmacies

### **LiveHealth Online Psychology, and Psychiatry**

- Gives you online access to licensed psychologists, therapists, and psychiatrists
- Allows you to schedule an appointment to be seen between 7 a.m. and 11 p.m., 7 days a week
- Allows psychiatrists to ePrescribe non-narcotic medications, if needed

## **Rethink - beginning January 1, 2019**

**New FREE benefit to support those caring for children with learning or behavioral challenges, including autism.**

- Helps reduce tantrums, facilitate language, and improve the home environment
- Requires no diagnosis and has no age restriction
- Beginning January 1
- Log in to [KEHP.rethinkbenefits.com](http://KEHP.rethinkbenefits.com) using enrollment code KEHP
- Call 800-714-9285 for assistance in signing up, or if you have questions
- In the meantime, you can go to [rethinkbenefits.com](http://rethinkbenefits.com) to learn about this free benefit



**1 in 6 children is diagnosed with a developmental disability like autism that affects parents' productivity in the workplace.**





## WHAT IS A QUALIFYING EVENT?

- Marriage
- Having or adopting a child
- Divorce
- Loss of other group health insurance
- Legal guardianship or court order
- Spouse has a different Open Enrollment period

# Qualifying Events

## Changing or Canceling Your Benefits

### Changing your Benefit Election

KEHP is operated as a federally regulated, Section 125 Cafeteria Plan. In exchange for this benefit, there are only three times you can change your benefit elections during the plan year:

- During the enrollment period when you first become eligible for benefits;
- During the annual Open Enrollment period;

**OR**

- If you experience a life event, referred to as a Qualifying Event.



**If you do not sign and date the required form in a timely manner, you will not be permitted to revise your coverage election until the next Open Enrollment period.**

If you have a baby or adopt a child, you have 35 calendar days to add the child to your plan. If you are adding additional dependents along with the baby or adopted child, then you have 35 calendar days. You must submit dependent eligibility documentation, such as a marriage license or birth certificate, together with your Qualifying Event Form.

Qualifying events are complicated and, at times, difficult to understand. There are restrictions on the types of changes you may make due to federal qualifying event rules. If you do not sign and date the required form in a timely manner, you will not be permitted to revise your coverage election until the next Open Enrollment period.



#### **Notice for Hazardous Duty Retirees:**

It is not a qualifying event when a child turns age 22 and is no longer eligible for the health insurance contribution. Please contact KRS if you have questions.

### When you have a Qualifying Event

In all cases, any change in your plan option or coverage level must be consistent with the qualifying event. For most events, you must complete a Health Insurance Qualifying Event Form and submit it to your Insurance Coordinator or Human Resource Generalist within 35 calendar days of the event date.

**Dependent Children turning 22** - At age 22, dependent children are no longer eligible for health insurance contribution. This is not a qualifying event to drop the dependent from health insurance coverage. Please contact KRS if you have questions.



**For additional information about qualifying events, go to our website to download our Qualifying Events booklet or call our office to request a copy at (502) 696-8800 or toll free (800) 928-4646.**

# Contact Information



## Who to call FOR HELP

**KEHP Enrollment Hotline**

**888-581-8834  
502-564-6534**

### WEBSITE ADDRESSES

Personnel Cabinet – [personnel.ky.gov](http://personnel.ky.gov)

KEHP - [keh.ky.gov](http://keh.ky.gov)

mail: [keh.ky.gov](mailto:keh.ky.gov)

Wellness - [Livingwell.ky.gov](http://Livingwell.ky.gov)

### KEHP Vendors' Phone Numbers

Health Insurance Benefits	Anthem	844-402-KEHP (5347)	<a href="http://anthem.com/keh">anthem.com/keh</a>
Prescription Benefits	CVS/Caremark	866-601-6934	<a href="http://caremark.com">caremark.com</a>
Wellness Information	Go365	855-478-1623	<a href="http://Go365.com">Go365.com</a>
Shopper Discounts	Vitals SmartShopper	855-869-2133	<a href="http://vitals.com">vitals.com</a>
HRA Benefits	WageWorks	877-430-5519	<a href="http://wageworks.com/keh">wageworks.com/keh</a>

### Retiree Systems' Phone Numbers

LRP and JRP Retiree Questions	Judicial Retirement Plan and Legislators' Retirement Plan	502-564-5310	
KCTCS Retiree Questions	Kentucky Community and Technical College System Retirement	859-256-3100	
KRS Retiree Questions	Kentucky Retirement Systems	800-928-4646 502-696-8800 <a href="http://kyret.ky.gov">kyret.ky.gov</a>	<a href="http://kyret.ky.gov">kyret.ky.gov</a>
TRS Retiree Questions	Teachers' Retirement System	800-618-1687 502-848-8500 <a href="http://trs.ky.gov">trs.ky.gov</a>	<a href="http://trs.ky.gov">trs.ky.gov</a>

# Dependent Eligibility Chart

**SPOUSE** - A person who is legally married to an Employee or Retiree.

**Documentation** - A legible photocopy of the marriage certificate or a legible photocopy of the top half of the front page of the Employee/Retiree's most recent federal tax return (Form 1040).

**COMMON LAW SPOUSE** - A person with whom you have established a common law union in a state which recognizes common law marriage (Kentucky does not recognize common law marriage).

**Documentation** - A legible photocopy of the certificate or affidavit of common law marriage from a state that does recognize common law marriage.

**CHILD AGE 0 TO 25** - *In the case of a child who has not yet attained his/her 26th birthday, "child" means an individual who is –*

- A son, daughter, stepson, or stepdaughter of the Employee/Retiree, or
- An eligible foster child of the Employee/Retiree (eligible foster child means an individual who is placed with the Employee/Retiree by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction and includes court awards of guardianship or custody), or
- An adopted child of the Employee/Retiree (a legally adopted individual of the Employee/Retiree, or an individual who is lawfully placed with the Employee/Retiree for legal adoption by the Employee/Retiree).

**Documentation -**

**To add a child:** A legible photocopy of the child's birth certificate showing the name of the Employee/Retiree as a parent, or a copy of the footprint certificate from the hospital indicating baby and parent's name, or verification of the birth document from the hospital indicating the names of the baby and parent.

**To add a step child:** A legible photocopy of the child's birth certificate showing the name of the Employee/Retiree's Spouse as a parent and a legible copy of the marriage certificate showing the names of the Employee/Retiree and the Spouse or a photocopy of the top half of the front page of the Employee/Retiree's most recent federal tax return (Form 1040).

**To add an adopted child, or Foster Child(ren):** Legible photocopies of court orders, guardianship documents, or affidavits of dependency, with the presiding judge's signature and filed status; or legible adoption or legal placement decrees with the presiding judge's signature.

**Legal Guardian, Adoption, or Foster Child(ren):** Legible photocopies of court orders, guardianship documents, or affidavits of dependency, with the presiding judge's signature and filed status; or legible adoption or legal placement decrees with the presiding judge's signature.

**DISABLED DEPENDENT** - A Dependent child who is totally and permanently disabled may be covered by KEHP beyond the end of the month in which he/she turns 26, provided the disability (a) started before his/her 26th birthday and (b) is medically-certified in writing by a physician. A Dependent child will be considered totally and permanently disabled if, in the judgment of KEHP's medical Third Party Administrator (Anthem), the written certification adequately demonstrates that the Dependent child is unable to engage in any substantial gainful activity by reason of medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months. A Dependent child who is not already covered by KEHP at the time of his/her 26th birthday may not later be enrolled in KEHP on grounds of total and permanent disability unless and until he/she sustains a loss of other insurance coverage. In such a case, a request to enroll a Dependent child in KEHP on grounds of total and permanent disability must be made no later than 35 calendar days following the loss of other insurance coverage.

**Documentation** - Anthem certifies all disabled Dependents based on medical necessity and Member's financial responsibility for the Dependent. Contact the Enrollment Information Branch at 502-564-1205 for more information. Dependents under age 26 will be enrolled by EIB as a disabled Dependent and Anthem will initiate disabled Dependent certification process. Dependent over age 26, EIB receives request from Member based on loss of other insurance coverage and requests Anthem to initiate disabled Dependent certification process.

**Dependent Eligibility Audit - Documents for new dependents/spouses who are added during 2019 will be requested by Alight, a KEHP vendor.**

**Alight is the Dependent/Spouse verification vendor for the Kentucky Employee Health Plans (KEHP). New dependents/spouses who are added during 2019 for New Retirees or Qualifying Events, will be required to submit verification documentation to Alight. This documentation includes marriage certificates, birth certificates, court orders, tax forms, etc. Retirees will be working directly with Alight and KRS cannot submit the documents to Alight on your behalf. If verification is not provided the dependent/spouse will be removed from the plan. If the dependent/spouse was previously verified by the Alight audit in 2018 they will not receive a request from Alight.**

# KEHP Tobacco Use Declaration

The Commonwealth of Kentucky is committed to fostering and promoting wellness and health in the workforce. As part of KEHP's LivingWell wellness program, KEHP offers a monthly discount in premium contribution rates for non-tobacco users. You are eligible for the non-tobacco-user premium contribution rates provided you certify, during the health insurance enrollment process, that you or any other person over the age of 18 to be covered under your plan has not regularly used tobacco within the past six months. "Regularly" means tobacco has been used four or more times per week on average excluding religious or ceremonial uses. "Tobacco" means all tobacco products including, but not limited to, cigarettes, pipes, chewing tobacco, snuff, dip, and any other tobacco products regardless of the method of use. "KEHP Health Insurance Enrollment Application" refers to any method of enrolling in KEHP health insurance coverage including submitting a paper application, completing and submitting an electronic application, or enrolling in KEHP health insurance coverage through an online enrollment system.

Whether you complete your KEHP health insurance enrollment online or submit a paper application, you are required to certify that all attestations regarding tobacco use are accurate. By completing the enrollment process, you certify the following:

1. I have truthfully answered all questions in my KEHP Health Insurance Enrollment Application regarding tobacco use by me, my spouse, and my dependents 18 years of age and over. My KEHP Health Insurance Enrollment Application accurately reflects the use of tobacco products in the past six months regarding myself and persons to be covered as a spouse or dependent under my insurance plan.
2. If I am completing my KEHP Health Insurance Enrollment Application during open enrollment, I understand that the tobacco-user premium contribution rates will apply beginning January 1, 2019, if I answered "Yes" to the tobacco use question.
3. If I am completing my KEHP Health Insurance Enrollment Application as a newly hired employee, I understand that the tobacco-user premium contribution rates will apply beginning on the first day of the second month after my hire date, if I answered "Yes" to the tobacco use question.
4. I understand that it is my responsibility to notify KEHP of any changes in my tobacco use or that of my spouse or a dependent covered under my insurance plan, including notification to KEHP if all tobacco users become ineligible for coverage or are otherwise terminated during the Plan Year. Notification shall be made by completing a Tobacco Use Change Form.
5. I understand that if I or a spouse or dependent to be covered under my insurance plan currently use tobacco products and stop using tobacco products during the Plan Year, I will be eligible for the discount non-tobacco premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form certifying that neither I nor my spouse/dependent(s) regularly used tobacco products during the six months prior to completion of the Tobacco Use Change Form. Both cross-reference planholders must sign the Tobacco Use Change Form.
6. I understand that if I answered "No" to the tobacco use question and either I or a spouse or dependent covered under my insurance plan becomes a regular tobacco user at any time, I must notify KEHP and my contribution rates will be adjusted to the tobacco-user premium contribution rates on the first day of the month following the signature date on the Tobacco Use Change Form.
7. I understand that the tobacco use question is a part of my KEHP application for health insurance coverage. Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information, or who conceals, for the purpose of misleading, information concerning any fact material to the application, commits a fraudulent insurance act which is a crime.
8. I understand that if I fail to answer the tobacco use questions truthfully, KEHP may adjust my contribution rates retroactively to apply the applicable higher tobacco-user premium contribution rates. Upon written notification, I will pay to KEHP the difference between the tobacco-user and the non-tobacco user premium contribution rates for the period for which I falsely certified eligibility for the non-tobacco user premium contribution rates.
9. The KEHP offers monthly discounted premium contribution rates to non-tobacco users as a part of its LivingWell wellness program. Each KEHP member has at least one opportunity per Plan Year to qualify for the discount. KEHP is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Department of Employee Insurance at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.



# Insurance Terms and Conditions

Below are the Terms and Conditions for participation in group life, dental, vision, and health insurance coverage administered by the Department of Employee Insurance (DEI). An Employee and Retiree (where applicable) may affix a signature to a paper copy of the KEHP Health Insurance Enrollment Application, the Group Life Insurance Application, the Group Dental or Vision Applications, or an electronic version of the applications. By typing your name on an electronic application or by logging in and using your unique KHRIS User ID and enrolling through the Employee Self-Service portal, you are agreeing to conduct enrollment in life, health, dental, and vision insurance coverage by electronic means, thereby creating a legal and binding contract. By affixing your signature in either manner, you understand and agree that:

**A. Plan Year.** The 2019 Plan Year begins January 1, 2019, and ends at midnight on December 31, 2019.

**B. Effective Date of Elections.** If you are electing a health plan, dental plan, vision plan, or a Flexible Spending Account (FSA) during open enrollment, the coverage will be effective January 1 of the following Plan Year. If you are a new employee or a newly eligible employee electing insurance coverage or an FSA outside of open enrollment, the FSA and your insurance coverage will be effective the first day of the second month after a new employee or newly eligible employee is eligible to enroll. Employees enrolling in life insurance must be actively at work, full time, on the day the employee's insurance is scheduled to begin.

**C. Plan Information.** You have read and understood the 2019 Benefits Selection Guide (BSG). Plan rules and limitations are contained in the KEHP Summary Plan Descriptions (SPD) or Medical Benefit Booklets (MBB) and the Summary of Benefits and Coverage (SBC). Life insurance rules and limitations are outlined in the Certificate of Coverage (CoC). All benefits for your eligible dependents and you will be provided in accordance with the rules and limitations in the SPDs, MBBs, BSG, SBCs, and Coe. You will abide by all terms and conditions governing participation, membership, and receipt of services from the plan(s) in which you have enrolled and as set forth in the SPD, MBB, and Coe. In the event of a conflict between the terms of coverage stated in the SPDs, the MBBs, the BSG, the SBCs, and the Coe, the terms of coverage stated in the SPDs or MBBs and Coe will govern.

**D. Third Party Administrators.** DEI uses third parties, including Anthem, CVS/caremark, WageWorks, Go365, Vitals, and Nationwide Life Insurance Company to provide certain administrative functions. DEI may communicate with you directly or through these third parties about your insurance coverage, your benefits, or health-related products or services provided by or included in the Commonwealth's group health, dental/vision, or life insurance plans.

**E. Cross-Reference.** If your spouse and you elect the cross-reference payment option for health insurance, you are planholders with family coverage, and upon a loss of eligibility by either spouse, the remaining planholder will default to a parent-plus coverage level. The cross-reference payment option ceases upon loss of eligibility or employment by either spouse/planholder.

**F. Dependent Eligibility.** You certify that each enrolled dependent meets the dependent eligibility requirements as set forth in the SPD and MBB (health) and the Coe (life). DEI may require supporting documentation to verify the eligibility of any dependent enrolled or requesting to be enrolled in benefits.

**G. Changing Elections.** The elections indicated by your KEHP Health Insurance Enrollment Application, Group Dental or Vision Application, Group Life Insurance Application, or online enrollment may not be changed or cancelled during the Plan Year without a permitted Qualifying Event.

**H. Deduction from Earnings.** When you enroll in insurance coverage (health, dental, vision, or life) or an FSA, you authorize your employer to deduct from your earnings the amount required to cover your employee contribution to the FSA and insurance coverage you elected, including any arrears you may owe. Deductions for FSA and the employee contributions to health insurance are made on a pre-tax basis unless you sign a Post-Tax Request Form. Deductions for dental, vision, and life insurance premiums are made on a post-tax basis.

**I. Priority of Payments.** Any moneys submitted to DEI that you intend to be used to fund your FSA or pay for insurance premium contributions may first be used to pay other priority debts that may be due and owing, such as taxes and child support.

**J. Dependent Care FSA.** If you choose a Dependent Care FSA, you are eligible to seek reimbursement, as authorized by 26 U.S.C. Sections 21 and 129, for dependent care expenses. The Dependent Care FSA may only reimburse eligible dependent care expenses that are incurred during the applicable coverage period.

**K. FSA Election and Carryover.** You may elect to contribute up to \$2,650 into a Healthcare FSA for Plan Year 2018. Unused amounts of \$50 and up to a maximum of \$500 remaining in your Healthcare FSA at the end of the Plan Year will carry over to the next Plan Year and may be used to reimburse you for eligible expenses that are incurred during the subsequent Plan Year. Amounts over \$500 remaining in your Healthcare FSA at the end of the Plan Year are forfeited.

**L. WageWorks Healthcare Card.** Wage Works will administer FSAs and HRAs for the 2019 Plan Year and will issue a WageWorks Healthcare card to you for the payment of Healthcare FSA and HRA expenses. Your WageWorks Healthcare card will be suspended if requested claim verification is not sent to WageWorks within ninety (90) days after the card swipe. You agree to follow all rules and guidelines established by the Plan concerning the Wage Works Healthcare card. The Plan reserves the right to deny access to the card, require repayment, deduct/withhold from your paycheck, and offset your Healthcare FSA or HRA if you fail to verify a claim.

**M. Waiving Health Insurance Coverage.** If you elect to waive KEHP health insurance coverage, with or without a Waiver Health Reimbursement Arrangement (HRA), you are doing so voluntarily. If your employer participates in the Waiver HRA program, there are two options available: the Waiver General Purpose HRA and the Waiver Dental/Vision Only HRA. You understand that you will be eligible for the Waiver General Purpose HRA only if you have other group health plan coverage. You further understand that your spouse and eligible dependents, if applicable, cannot be covered under the Waiver General Purpose HRA unless your spouse and dependents also have other group health plan coverage.

**N. Waiver General Purpose HRA Rules.** If you elect a Waiver General Purpose HRA, you declare that you and your spouse and dependents, if applicable, are enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual

# KEHP 2019 Benefits Grid

Plan Options		LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell Limited High Deductible Plan	
		In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Lifetime Maximum									
Health Reimbursement Arrangement (HRA)		Single \$500; Family \$1,000	Single \$500; Family \$1,000	Not Applicable	Single \$250; Family \$500	Single \$1,750 Family \$3,500	Single \$3,000 Family \$6,000	Single \$4,000 Family \$8,000	Not Applicable
Annual Deductible*		Single \$1,250 Family \$2,500	Single \$2,500 Family \$5,000	Single \$750 Family \$1,500	Single \$1,500 Family \$3,000	Single \$1,750 Family \$3,500	Single \$3,000 Family \$6,000	Single \$4,000 Family \$8,000	Single \$8,000 Family \$16,000
		Applies to Medical and Pharmacy	Applies to Medical and Pharmacy	Applies to Medical	Applies to Medical and Pharmacy	Applies to Medical and Pharmacy	Applies to Medical and Pharmacy	Applies to Medical and Pharmacy	Applies to Medical and Pharmacy
Annual Medical Out-of-pocket Maximum**		Single \$2,750 Family \$5,500	Single \$5,500 Family \$11,000	Single \$2,750 Family \$5,500	Single \$5,500 Family \$11,000	Single \$3,750 Family \$7,500	Single \$7,500 Family \$11,000	Single \$5,000 Family \$10,000	Single \$10,000 Family \$20,000
Deductibles & Out-of-Pocket Maximums for In-Network and Out-of-Network providers accumulate separately and do not cross apply.									
Co-Insurance		Plan: 85% Member: 15%	Plan: 60% Member: 40%	Plan: 80% Member: 20%	Plan: 60% Member: 40%	Plan: 70% Member: 30%	Plan: 50% Member: 50%	Plan: 50% Member: 50%	Plan: 40% Member: 60%
Doctor's Office Visits		Deductible then 15%	Deductible then 40%	Co-Pay: \$25 PCP; \$45 Specialist	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
		Advanced Control Formulary				Value Formulary			
Annual Prescription Drug Out-of-Pocket Maximum**		Combined with Medical	Combined with Medical	Single \$2,500 Family \$5,000	Not Applicable	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
30-Day Supply***		Deductible then 15%	Deductible then 40%	\$10 \$35 \$55	Not Covered	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Tier 1 - Generic									
Tier 2 - Formulary									
Tier 3 - Non-Formulary									
90-Day Supply(Retail or Mail Order)****		Deductible then 15%	Not Covered	\$20 \$70 \$110	Not Covered	Deductible then 30%	Not Covered	Deductible then 50%	Not Covered
Tier 1 - Generic									
Tier 2 - Formulary									
Tier 3 - Non Formulary									
Physician Care (Inpatient/ Outpatient/Other)		Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Diagnostic Tests***** In Doctor's Office		Deductible then 15%	Deductible then 40%	Office Visit Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Other Laboratory		Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
In-Patient Hospital (Semi-Private Room)		Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%
Outpatient Hospital/Surgery		Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%

(New: catastrophic-type coverage; new Value Formulary - only two tiers with more generics and less brands)

(formerly the Standard CDHP; new Value Formulary - only two tiers with more generics and less brands)

Plan Options			LivingWell CDHP		LivingWell PPO		LivingWell Basic CDHP		LivingWell Limited High Deductible Plan	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Outpatient/ Ambulatory Surgery Center	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%		
Emergency Room (Benefit for emergency medical treatment only)	Deductible then 15%		\$150 Co-Pay then Deductible then 20% Co-Pay waived if admitted.		Deductible then 30%		Deductible then 50%			
ER Physician Care	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 50%			
Ambulance	Deductible then 15%		Deductible then 20%		Deductible then 30%		Deductible then 50%			
Urgent Care Center	Deductible then 15%		\$50 Co-Pay		Deductible then 30%		Deductible then 50%			
Routine Well Child	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 60%		
Routine Well Adult	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 50%	Covered at 100%	Deductible then 60%		
Mental Health	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.									
Autism Services	Treated the same as any other health condition. See specifics related to PCP office visit, inpatient and outpatient services.									
Allergy Injections	Deductible then 15%	Deductible then 40%	\$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%		
Allergy Serum	Deductible then 15%	Deductible then 40%	\$15 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%		
Maternity Care (See SPD for Specifics)	Deductible then 15%	Deductible then 40%	\$25 Co-Pay (office visit pregnancy diagnosed) Delivery Charge: Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%		
Durable Medical Equipment	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%		
Therapy Services (Per Visit, Physical, Occupational, Speech)	Deductible then 15%	Deductible then 40%	Deductible then 20%	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%		
Chiropractic Care	Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type		Maximum of 30 visits per calendar year, per therapy service type			
	Deductible then 15%	Deductible then 40%	\$25 Co-Pay	Deductible then 40%	Deductible then 30%	Deductible then 50%	Deductible then 50%	Deductible then 60%		
	Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day		Maximum of 26 visits per calendar year; no more than 1 visit per day			
<b>Notes:</b> The boxed areas of the grid are components of each plan most often used by members when choosing a plan option, but are not all inclusive. <b>You can refer to the Summary of Benefits and Coverage (SBC) for more information.</b> KEHP has made every attempt to ensure the accuracy of the benefits outlined in this Benefits Grid. If an error has occurred, the benefits outlined in the 2019 Summary Plan Descriptions (SPDs) and Medical Benefit Booklets will determine how benefits are paid. Benefits are subject to the terms, conditions, limitations and exclusions set forth in the SPDs. *Co-pays do not accumulate toward the deductible, but they do accumulate toward the applicable out-of-pocket maximum. **For the <b>LivingWell CDHP, LivingWell Basic CDHP, and LivingWell Limited High Deductible Plan</b> : all covered expenses apply to the out-of-pocket maximum, except routine well child and routine well adult. <b>LivingWell PPO</b> : the out-of-pocket maximum accumulates separately and independently for medical and prescription drug benefits. ***Certain drugs to treat diabetes, COPD, and asthma are subject to reduced co-pays and co-insurance with no deductibles. A 90-day supply of maintenance drugs is subject to lower co-pays and co-insurance. Select preventive/maintenance drugs bypass the deductible on the CDHPs and the Limited High Deductible Plan. ****Claims are processed based on provider billing type, which may include separate charges from a lab performing services outside of the doctor's office visit.										

# Insurance Terms and Conditions

policies purchased through the Marketplace or governmental plans such as TRICARE, Veteran's Benefits, Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. If you elect a Waiver General Purpose HRA and cease to be covered under another group health plan that provides minimum value, you agree to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the Waiver General Purpose HRA will be terminated and you may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. You are permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually at open enrollment.

**O. HRA Carryover.** Waiver HRAs: Unused amounts up to and including \$6,000 remaining in your Waiver HRA at the end of the Plan Year may be carried over to the next Plan Year provided you are eligible to elect an HRA. CDHP Integrated HRAs: Unused amounts up to and including \$7,500 remaining in your CDHP Integrated HRA at the end of the Plan Year may be carried over to the next Plan. You must elect the same type of HRA in a subsequent Plan Year for the funds to carry over.

**P. HRA/FSA Funds After Termination.** You may use funds remaining in an HRA or FSA after termination to reimburse you for eligible expenses incurred during the coverage period and prior to termination of the HRA or FSA. Upon termination of employment, including retirement, the remaining amounts in an HRA and FSA are forfeited, except that you may be reimbursed for any eligible expenses incurred prior to the last day of the last pay period worked, provided that you file a claim by March 31 following the close of the Plan Year in which the expense was incurred.

**Q. HRA and FSA Expense Reimbursement.** An HRA and/or Healthcare FSA may only reimburse you for medical expenses, as authorized by 26 U.S.C. Sections 105(b) and 213(d), that are incurred during the applicable coverage period. The Waiver Dental/Vision Only HRA may only reimburse you for eligible dental and vision expenses. Pursuant to federal law, the cost of over-the-counter medicines (other than insulin and those prescribed by a doctor) may not be reimbursed through your HRA or Healthcare FSA.

**R. HRA and FSA Run-Out Period.** You have a 90-day run-out period (until March 31) for reimbursement of eligible FSA and HRA expenses incurred during the period of coverage.

**S. Minimum Essential Coverage.** KEHP provides plan options that, under the Affordable Care Act, constitute minimum essential coverage that is affordable and provides a minimum value. As such, by receiving an offer of coverage through your employer, neither you, your spouse, nor your dependent(s) are eligible for a health insurance premium tax credit if purchasing insurance through the Marketplace.

**T. Coordination of KEHP Health Plans and Medicare Coverage.** The four KEHP plan options and the Waiver General Purpose HRA must pay primary to Medicare. The Waiver Dental/Vision Only HRA pays secondary to Medicare.

**U. LivingWell Promise.** Federal law allows KEHP to reward members who participate in the KEHP's LivingWell wellness program. In 2019, all four KEHP health plans are a part of the KEHP's LivingWell wellness program and require completion of the LivingWell Promise in order to receive premium discounts in Plan Year 2020.

- If you enrolled in a LivingWell plan option for 2018 and you fulfilled your LivingWell Promise, you will receive a monthly premium discount of \$40 in 2019. If you enrolled in a LivingWell Plan option for 2018 and you did not fulfill your LivingWell Promise, you will not receive a monthly premium discount of \$40 in 2019.
- If you elect a KEHP health plan in 2019, you must complete (1) an online Go365 Health Assessment; OR (2) a biometric screening between January 1, 2019, through July 1, 2019.
- If you are a new employee and you choose a LivingWell plan option outside of open enrollment, you must complete the Health Assessment OR biometric screening within 90 days of your coverage effective date.

**V. Insurance Dependent Elections and Premium Refund.** It is your responsibility to timely notify DEI that either your dependent or your spouse is no longer eligible for health, dental, vision, or life insurance coverage. (See the eligibility provisions in your SPD, MBB, or Coe for more information on eligibility.) "Timely" notice means that you advised DEI that a dependent or spouse is no longer eligible for insurance coverage within 90 days of the loss of eligibility. Upon notice that a dependent or spouse is no longer eligible for insurance coverage, DEI will refund your premium back to the date that eligibility ceased, up to a maximum of 90 days.

**W. HIPAA.** You have rights under HIPAA regarding the protection of your health information. KEHP will comply with the HIPAA Privacy and Security rules, and uses and disclosures of your protected health information will be in accordance with federal law. KEHP may use and disclose such information to business associates or other third parties only in accordance with KEHP's Notice of Privacy Practices available at [kehpk.ky.gov](http://kehpk.ky.gov).

**X. Fraud Warning.** Any person who knowingly, and with the intent to defraud, files an application for insurance containing any materially false information (including a forged signature or incorrect signature date), or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. You can be held responsible for any fraudulent act that you could have prevented while acting within your duties related to obtaining employer-sponsored health, dental, vision, and life insurance, and it may be used to reduce or deny a claim or to terminate your coverage. Information contained in your life insurance benefit elections, if incorrect or misleading, may void the policy effective as of the date of issuance.

**Y. Acknowledgment.** You have fully read these Terms and Conditions, the KEHP Legal Notices, and the KEHP Tobacco Use Declaration. Your signature on the KEHP Health Insurance Enrollment Application, the Group Dental or Vision Applications, the Group Life Insurance Application, or your electronic signature used for online enrollment certifies that all information provided during this enrollment opportunity is correct to the best of your knowledge.

**Z. Exceptions May Apply.** Exceptions may apply to employees of certain employers participating in KEHP's health plan and the Commonwealth's group dental, vision, and life insurance benefits. Exceptions may also apply to KTRS, KRS, LRP, and JRP retirees.



# KEHP Legal Notices

As a member of the Kentucky Employees' Health Plan (KEHP), you have certain legal rights. Several of those rights are summarized below. Please read these provisions carefully. To find out more information, you may contact the Department of Employee Insurance, Member Services Branch at (888) 581-1834 or (502) 564-6534 or visit [kehpn.ky.gov](http://kehpn.ky.gov).

## **A. NOTICE ABOUT SPECIAL ENROLLMENT RIGHTS**

Under the Health Insurance Portability and Accountability Act (HIPAA), you have "special enrollment" rights if you have a loss of other coverage or you gain a new dependent. In addition, you may qualify for a special enrollment in KEHP under the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA).

### **1. HIPAA Special Enrollment Provision - Loss of Other Coverage.**

If you decline enrollment for yourself or your eligible dependents including your spouse because of other health insurance or group health plan coverage (regardless of whether the coverage was obtained inside or outside of a Marketplace), you may be able to enroll yourself and your dependents in this plan. If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 35 days after your or your dependents' other coverage ends for after the employer stops contributing toward the other coverage.

**2. HIPAA Special Enrollment Provision - New Dependent as a Result of Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependent(s). However, you must request enrollment within 35 days after the marriage, birth, adoption, or placement for adoption.

**3. CHIPRA Special Enrollment Provision - Premium Assistance Eligibility.** If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP) and you're eligible for health coverage from your employer, Kentucky may have a premium assistance program that can help pay for coverage using funds from the state's Medicaid or CHIP programs. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible for health insurance coverage through KEHP, your employer must allow you to enroll in KEHP if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. In addition, you may enroll in KEHP if you or your dependent's Medicaid or CHIP coverage is terminated because of loss of eligibility. An employee must request this special enrollment within 60 days of the loss of coverage. You can find more information and the required CHIP notice at [kehpn.ky.gov](http://kehpn.ky.gov).

## **B. WELLNESS PROGRAM DISCLOSURE AND NOTICE**

LivingWell is KEHP's voluntary wellness program available to all persons who enroll in a KEHP health insurance plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease. Those federal rules include the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health assessment or "HA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). In lieu of completing an HA, you may complete a biometric screening, which will include a blood test to check your cholesterol and blood glucose levels. You are not required to complete the HA or to participate in the biometric screening or any other medical examination. However, employees who choose to participate in the LivingWell wellness program will receive an incentive in the form of discounted employee premium contributions for your health insurance coverage. Although, you are not required to complete the HA or participate in the biometric screening, only employees who do so will receive the discounted health insurance premiums. Additional incentives in the form of gift cards, consumer goods, and other prizes may be available for employees who participate in certain health-related activities such as walking challenges or quitting smoking. In addition, KEHP offers discounted, monthly employee premium contribution rates to nontobacco users. Each KEHP member has at least one opportunity per Plan Year to qualify for the monthly premium contribution discount.

KEHP is committed to helping you achieve your best health. Incentives for participating in KEHP's LivingWell wellness program are available to all persons who enroll in a KEHP health insurance plan. If you are unable to participate in any of the health-related activities, or you think you might be unable to meet a standard to earn an incentive under the LivingWell wellness program, you may request a reasonable accommodation or an alternative standard. Contact the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same incentive that is right for you in light of your health status.

# KEHP Legal Notices

**Protections from Disclosure of Medical Information:** KEHP is required by law to maintain the privacy and security of your personally identifiable health information. KEHP does not collect or retain personal health or medical information through its LivingWell wellness program; however, KEHP may receive and use aggregate information that does not identify any individual. In order to design programs based on health risks identified in the workplace and that are aimed at improving the health of KEHP members, KEHP will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program. You will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who may receive your personally identifiable health information are persons employed by Go365 (KEHP's wellness administrator) and Anthem KEHP's third-party medical administrator. This may include nurses in Anthem's disease management program and health coaches in Go365's health coaching program. Disclosure of your personally identifiable health information to these persons is necessary in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records; information stored electronically will be encrypted; and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach. In the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you as soon as it is feasible after discovery of the breach.

You may not be discriminated against in employment because of the medical information you provided as part of participating in the LivingWell wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Department of Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.

## **C. THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (COBRA)**

COBRA continuation coverage is a continuation of KEHP coverage when it would otherwise end because of a life event, also called a "qualifying event." After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Qualified beneficiaries may elect to continue their coverage under the plan for a prescribed period of time on a self-pay basis. Each qualified beneficiary has 60 days to choose whether or not to elect COBRA coverage, beginning from the later of the date the election notice is provided, or the date on which the qualified beneficiary would otherwise lose coverage under KEHP due to a qualifying event. The KEHP's third-party COBRA administrator is WageWorks. To learn more about COBRA and your rights under COBRA, please refer to your Summary Plan Description or go to [kehp.ky.gov](http://kehp.ky.gov).

## **D. THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA)**

Your plan, as required by WHCRA, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information regarding this coverage, please refer to your Summary Plan Description or go to [kehp.ky.gov](http://kehp.ky.gov).

## **E. NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORNS' ACT)**

Group health plans generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 (or 96, as applicable) hours. In any case, plans may not, under Federal law, require that a provider obtain authorization from the plan or the Insurance Issuer for prescribing a length of stay not in excess of 48 (or 96) hours.

## **F. HIPAA PRIVACY NOTICE**

KEHP gathers and collects demographic information about its members such as name, address, and social security numbers. This information is referred to as individually identifiable health information and is protected by HIPAA and related privacy and security regulations. HIPAA requires KEHP to maintain the privacy of your protected health information (PHI) and notify

you following a breach of unsecured PHI. In addition, KEHP is required to provide to its members a copy of its Notice of Privacy Practices (NPP) outlining how KEHP may use and disclose your PHI to carry out treatment, payment, or healthcare operations, or for any other purposes that are permitted or required by law. The NPP also informs members about their rights regarding their PHI and how to file a complaint if a member believes their rights have been violated. KEHP's Notice of Privacy Practices and associated forms may be obtained by visiting [kehp.ky.gov](http://kehp.ky.gov).

#### **G. KEHP PRESCRIPTION DRUG COVERAGE AND MEDICARE-NOTICE OF CREDITABLE COVERAGE**

KEHP has determined that KEHP's prescription drug coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### **H. NOTICE OF AVAILABILITY OF SUMMARY OF BENEFITS AND COVERAGE (SBC)**

As an employee or retiree, the health benefits available to you represent a significant component of your compensation package. Those benefits also provide important protection for you and your family in the case of illness or injury. KEHP offers a variety of health coverage options, and choosing the option that is right for you and your family is an important decision. To help you make an informed health coverage choice, KEHP publishes a Summary of Benefits and Coverage (SBC). For easier comparison, the SBC summarizes important information about your health coverage options in a standard format. The SBCs are only a summary. You should consult KEHP's Summary Plan Descriptions and/or Medical Benefit Booklet to determine the governing contractual provisions of the coverage. KEHP's SBCs are available on KEHP's website at [kehp.ky.gov](http://kehp.ky.gov). A paper copy is also available, free of charge, by contacting the Department of Employee Insurance, Member Services Branch at (888)581-6834 or (502) 564-6534.

#### **I. WAIVER HEALTH REIMBURSEMENT ARRANGEMENT (HRA)**

If an employer participates in the waiver Health Reimbursement Arrangement (HRA) program through KEHP, an employee may elect to waive KEHP health insurance coverage and choose a Waiver HRA that is funded by the employer, up to \$2,100 a year. There are two waiver HRA options: the waiver General Purpose HRA and the waiver Dental/Vision ONLY HRA. An employee is eligible for the waiver General Purpose HRA only if the employee, and the employee's spouse and dependents, if applicable, have other group health plan coverage. An employee that elects a Waiver General Purpose HRA must attest that the employee and, if applicable, the employee's spouse and dependents are enrolled in another group health plan that provides minimum value. A "group health plan" refers to coverage provided by an employer, an employer organization, or a union. A "group health plan" does not include individual policies purchased through the Marketplace or governmental plans such as TRICARE Medicare, or Medicaid. A group health plan that provides "minimum value" means the plan pays at least 60% of the total allowed cost of covered benefits/services and participants or members in the plan are required to pay no more than 40% of the total allowed cost of covered benefits/services. An employee that elects a waiver General Purpose HRA and that ceases to be covered under another group health plan that provides minimum value is required to notify KEHP within 35 days of the date that the other group health plan coverage ceased. In this event, coverage under the waiver General Purpose HRA will be terminated, and the employee may elect a KEHP health insurance plan option or the Waiver Dental/Vision Only HRA. Each employee is permitted to permanently opt out of and waive future reimbursements from the Waiver General Purpose HRA at least annually during open enrollment.

#### **J. MARKETPLACE COVERAGE OPTIONS**

When key parts of the healthcare law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) for employer-offered coverage. In addition, the employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [Healthcare.gov](http://Healthcare.gov) for more information.

# NON-HAZARDOUS Percentage Contribution Premium Calculation Worksheet

## Use this Health Insurance form if:

- You are Non-Hazardous.
- You are a retiree or a beneficiary\* receiving benefits.
- Your participation date with KRS was **PRIOR** to July 1, 2003.

### 1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2019.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$709.46	\$978.50	\$1,333.64	\$1,489.76	\$818.96
LivingWell PPO	\$729.34	\$1,037.08	\$1,589.10	\$1,767.60	\$876.68
LW Limited High Deductible Plan	\$607.54	\$865.08	\$1,327.16	\$1,477.04	\$730.90
LW Basic CDHP	\$682.80	\$940.64	\$1,450.02	\$1,615.30	\$800.94

\*\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. You must contact your spouse's insurance coordinator for information for spouse's portion of the premium.

Box 1

### 2. Service Credit

Subtract the following, based upon your months of service.

Applicant's months of Service			
240+ months or more	LivingWell CDHP	\$709.46	
	LivingWell PPO	\$729.34	
	LW Limited High Deductible Plan	\$607.54	
	LW Basic CDHP	\$682.80	
Contribution based on Plan selected			
180 - 239 months		\$547.01	
120 - 179 months		\$364.67	
48 - 119 months		\$182.34	
0 - 47 months		\$0.00	

Box 2



Your Subtotal before fees  
Box 1 subtract Box 2

### 3. Tobacco Status

Select one, based upon tobacco usage in the past six months. If you are a tobacco user, you will be required to pay the amount in box 3.

Non-tobacco user	+\$0.00
Retiree or beneficiary uses tobacco selecting Single coverage	+\$40.00
Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+\$80.00

Box 3



Box 4



### 4. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for plan year 2018, you will be required to pay amount in Box 4 in 2019.

Promise Completed	+\$0.00
Applicant failed to complete Promise	+\$40.00

**TOTAL**  
Monthly Premium  
Box 1 subtract Box 2  
+ Box 3 + Box 4

\* KRS does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter "\$0.00" in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KRS.



# Hazardous Dependent Eligibility & Verification



**YOU MUST FILL OUT FORM 6256  
EVERY YEAR**

**Children Eligible for Coverage and Premium Contributions:** Each plan year, the **spouse** and **each dependent child** of retired hazardous members of KERS, CERS, and SPRS, as well as some disabled members, may be eligible to receive an insurance contribution based upon the retired member's service. Pursuant to KRS 16.505(17), "Dependent child" means a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member *who dies* as a direct result of an act in line of duty or *who dies* as a result of a duty-related injury, "dependent child" also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. Retired members with children who do not meet this definition may be able to cover their children under the KEHP plan, but will not receive a contribution amount toward the coverage of those children.

**Establishing Eligibility:** To establish your child's eligibility for the hazardous contribution toward health insurance for the next plan year, you must certify the child's eligibility on a completed Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance. This certification form must be timely completed annually to receive the contribution. If you submit the required certification and your child is an eligible "dependent child" pursuant to KRS 16.505(17), the contribution will be made for the applicable plan year. Additionally, you must certify that you will immediately provide KRS written notification when your child no longer qualifies. You will be required to reimburse KRS for premiums paid if you make a false or incorrect certification that a child meets the eligibility requirements or if you fail to immediately notify KRS when a child no longer meets the eligibility requirements.

**Spousal Coverage:** If your **spouse** has health insurance under your account, a Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance must be completed and submitted to KRS before the beginning of each plan year, or immediately following a qualifying event, for your **spouse** to receive the hazardous contribution toward health insurance for that plan year. If you divorce a spouse who is covered by health insurance under your KRS account, you must notify our office promptly. An ex-spouse is not eligible to remain on your plan. You must submit a new health insurance application with your ex-spouse removed (or a signed written statement to completely cancel a plan) to this office as soon as the divorce is final. A copy of the Dissolution of Marriage must be provided to KRS as soon as that is available. Without proper notification and supporting documentation, you will be required to reimburse KRS for premiums paid on behalf of an ex-spouse who is no longer eligible for health insurance under your account.

**Children Eligible for Coverage:** Pursuant to the Affordable Care Act, children are eligible to remain covered by the parent or guardian's health insurance until the first day of the month following their 26th birthday regardless of marital status. Step-children, foster children, and children for whom you have been appointed guardian may also remain on the plan until the first day of the month following their 26th birthday. (In some cases, disabled dependents can be carried past their 26th birthday.)

# HAZARDOUS Percentage Contribution Premium Calculation Worksheet

## Use this Health Insurance form if:

- You are Hazardous.
- Combined service of Hazardous and Nonhazardous.
- You are a retiree or a beneficiary receiving benefits.
- Your participation date with KRS was **PRIOR** to July 1, 2003.

### 1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2019.

	Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref*
	LivingWell CDHP	\$709.46	\$978.50	\$1,333.64	\$1,489.76	\$818.96
	LivingWell PPO	\$729.34	\$1,037.08	\$1,589.10	\$1,767.60	\$876.68
	LW Limited High Deductible Plan	\$607.54	\$865.08	\$1,327.16	\$1,477.04	\$730.90
	LW Basic CDHP	\$682.80	\$940.64	\$1,450.02	\$1,615.30	\$800.94

\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. If Cross-Reference option is selected and the retiree has a surplus of contribution to cover the retiree's portion of the premium, it will be applied to the spouses portion of the premium.

Box 1

### 2. Service Credit

Subtract the following, based upon your months of service.

Applicant's months of Service	Contribution
240+ months	\$729.34
180 - 239 months	\$547.01
120 - 179 months	\$364.67
48 - 119 months	\$182.34
0 - 47 months	\$0.00

Box 2



**PLEASE READ THE  
HAZ NOTICE  
BEFORE CONTINUING  
TO BOX 3**



## HAZARDOUS DUTY RETIREES WITH HEALTH INSURANCE DEPENDENTS

**Please see page 33 for more Information Changes  
and Contribution Information.**

**You MUST SUBMIT a FORM 6256 EVERY YEAR. You MUST provide eligibility documentation for your dependent(s) if it is not already on file with KRS.**

**CHILD:** If your dependent child is between the ages of 18 and 22, You MUST complete Form 6256 (page 45). A Birth certificate or other supporting documentation will be required if not on file with KRS.

**SPOUSE:** You MUST complete Form 6256 (page 45). A marriage certificate or other supporting documentation will be required if not on file with KRS.

**Note:** If you fail to notify KRS of changes in your dependent's eligibility (child AND spouse), you will **BE REQUIRED TO REPAY** any insurance benefits paid on behalf of the ineligible person. See page 33.

**Note:** You may continue to cover Dependents of Hazardous Duty between the ages of 22-26 as they are eligible for coverage but not eligible for the Premium Contribution. Retiree will be responsible for the additional cost for coverage.

### 3. Spouse & Dependent Coverage

Select one. If you retired **August 1, 1998** or after, your additional contribution toward Parent Plus, Couple or Family coverage is based upon hazardous duty service credit only. Apply your service credit to the table below to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3.

If you retired **prior to August 1, 1998**, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit. Apply your total service credit to the first table below to determine your additional contribution if selecting Parent Plus, Couple or Family coverage. Please enter this value in Box 3.

Hazardous Service Only <sup>1</sup>	Parent Plus	Couple	Family	Family X-Ref
240+ months	\$307.74	\$859.76	\$1,038.26	\$1,024.02
180 - 239 months	\$230.81	\$644.82	\$778.70	\$768.02
120 - 179 months	\$153.87	\$429.88	\$519.13	\$512.01
48 - 119 months	\$76.94	\$214.94	\$259.57	\$256.01
0 - 47 months	\$0.00	\$0.00	\$0.00	\$0.00

<sup>1</sup> If you retired prior to August 1, 1998, your additional contribution toward Parent Plus, Couple or Family coverage is based upon total service credit.

Box 3

-

**Your Subtotal before fees**  
**Box 1 subtract Box 2 & 3**

### 4. Tobacco Status

Select one, based upon tobacco usage in the past six months. If you are a tobacco user, you will be required to pay the amount in box 4.

Non-tobacco user	+\$0.00
Retiree or beneficiary uses tobacco selecting Single coverage	+\$40.00
Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+\$80.00

Box 4

+

### 5. LivingWell Promise

Select one. If you did not fulfill the LivingWell Promise for plan year 2018, you will be required to pay amount in Box 5 in 2019.

Promise Completed	+\$0.00
Applicant failed to complete Promise	+\$40.00

Box 5

+

**Total Monthly Premium**  
**Subtotal (Box 1 - Box 2 - Box 3) + Box 4 + Box 5 = Total**

# DOLLAR CONTRIBUTION Premium Calculation Worksheet

## Use this Health Insurance form if:

- You are either Hazardous or Non-Hazardous
- You are a retiree or beneficiary\* receiving benefits.
- You are Tier 1 with a participation date with KRS **BETWEEN** July 1, 2003 and August 31, 2008. In order to be eligible for health insurance benefits, you must have a minimum of 120 months of service.
- You are Tier 2 with a participation date with KRS on or **AFTER** September 1, 2008. In order to be eligible for health insurance benefits, you must have a minimum of 180 months of service.

### 1. Select Plan

Select one. Determine your monthly premium beginning January 1, 2019.

Plan Option	Single	Parent Plus	Couple	Family	Family X-Ref**
LivingWell CDHP	\$709.46	\$978.50	\$1,333.64	\$1,489.76	\$818.96
LivingWell PPO	\$729.34	\$1,037.08	\$1,589.10	\$1,767.60	\$876.68
LW Limited High Deductible Plan	\$607.54	\$865.08	\$1,327.16	\$1,477.04	\$730.90
LW Basic CDHP	\$682.80	\$940.64	\$1,450.02	\$1,615.30	\$800.94

\*\* Retiree Portion. If you need assistance calculating your family cross-reference premium, contact KRS. You must contact your spouse's insurance coordinator for information for spouse's portion of the premium.

Box 1

### 2. Non-Hazardous Service Credit

Subtract the following, based on the calculation of Years of Non-Hazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Dollar Amount Contribution	X	FULL Years of Nonhazardous Service	=	BOX 2 TOTAL
\$13.38	X		=	

Calculate the KRS Service Credit Dollar Amount by multiplying the Years of Non-Hazardous Service by the Health Insurance Dollar Contribution Amount.

\* KRS does not pay a contribution for coverage on behalf of a beneficiary receiving a monthly retirement benefit. Beneficiaries obtaining coverage should enter "\$0.00" in Box 2. Exception: If you are a spouse beneficiary or a dependent child receiving a monthly benefit under the Fred Capps Memorial Act, contact KRS.

Box 2

### 3. Hazardous Service Credit

Subtract the following, based on the calculation of Years of Hazardous Service multiplied by the Health Insurance Dollar Contribution Amount.

Dollar Amount Contribution	X	FULL Years of Hazardous Service	=	BOX 3 TOTAL
\$20.07	X		=	

Calculate the KRS Service Credit Dollar Amount by multiplying the Years of Service by the Health Insurance Dollar Contribution Amount, using the appropriate Hazardous and Nonhazardous service credit.

Box 3

Your Subtotal  
before fees

Box 1 subtract Box 2 and/or subtract Box 3



#### 4. Tobacco Status

Select one, based upon tobacco usage in the past six months. If you are a tobacco user, you will be required to pay the amount in box 3.

Non-tobacco user	+\$0.00
Retiree or beneficiary uses tobacco selecting Single coverage	+\$40.00
Retiree or beneficiary uses tobacco selecting Family, Parent Plus, or Couple coverage	+\$80.00

Box 4



#### 5. LivingWell Promise

Select one, based upon enrollment in LivingWell Plan. If you did not fulfill the LivingWell Promise for plan year 2017, you will be required to pay amount in 2019.

Promise Completed	+\$0.00
Applicant failed to complete Promise	+\$40.00

Box 5



**Total Monthly Premium**  
**Subtotal (Box 1 - Box 2 - Box 3) + Box 4 + Box 5 = Total**

**For service in a Non-Hazardous position, you will receive a monthly dollar contribution of \$13.38 for each year of service per month. The Dollar Contribution will increase by 1.5% on July 1st.**

*EXAMPLE: If you began participating September 1, 2003 in a Non-Hazardous position, and retired effective October 1, 2013, you would receive \$133.80 per month towards health insurance premiums.*

**For service in a Hazardous position, you will receive a monthly contribution of \$20.07 for each year of service per month. The Dollar Contribution will increase by 1.5% on July 1st.**

*EXAMPLE: If you began participating September 1, 2003 in a hazardous position, and retired effective October 1, 2013 you would receive \$200.70 per month towards health insurance premiums.*

**If you have Hazardous and Non-Hazardous service, you will receive contribution based on the amount of full years of service for each.**

*EXAMPLE: If you began participating September 1, 2003 in a Non-Hazardous position until September 30, 2008 (5 years x \$13.38 = \$66.90), and then began participating October 1, 2008 in a hazardous position, and retired effective November 1, 2013 (5 years x \$20.07 = \$100.35), you will receive \$167.25 per month towards health insurance premiums (\$66.90 + \$100.35 = \$167.25).*

**If you have a partial year of Hazardous service and a partial year of Non-Hazardous service, they can be combined to equal a full year, you will receive 1 year of Non-Hazardous service.**

*EXAMPLE: If you have 9 years and 6 months of Non-Hazardous service and 6 months of Hazardous service, your insurance contribution will be based on 10 years of Non-Hazardous service. You will receive \$133.80 per month towards health insurance premiums.*

**If you are receiving a monthly retirement benefit, that qualifies you to receive a Health Insurance Percentage contribution and also receiving a monthly retirement benefit that qualifies you to receive a Health Insurance Dollar contribution, please contact the Retirement office for help calculating your cost.**

# APPLICATION Checklist



## BEFORE YOU SEND IN YOUR APPLICATION:

- ☐ 1. Make sure all questions are answered.
- ☐ 2. The front and back of the insurance application must be returned.
- ☐ 3. A SIGNATURE IS REQUIRED ON the back of the application. If the retiree is not the planholder then both the retiree and the planholder must sign.
- ☐ 4. Failure to submit a completed application could result in a delay of benefits and receipt of insurance cards.
- ☐ 5. Mail your completed application to:  
Kentucky Retirement Systems  
1260 Louisville Road  
Frankfort, KY 40601

## Time to Enroll

Now that you've read through the Guide, you should have a better understanding of the benefits you need for you and your family. Once you have made your decisions, you are ready to enroll.

*Please send in your forms by mail, in person or by fax:*

**Call Center**  
**Monday - Friday**  
**8:00am - 4:30pm**  
**1-502-696-8800**  
**or 1-800-928-4646**  
**Fax (502) 696-8822**

**Applications mailed to**  
**Kentucky Retirement Systems**  
**Perimeter Park West**  
**1260 Louisville Road**  
**Frankfort, KY 40601**



## 2019 RETIREE HEALTH INSURANCE ENROLLMENT/ CHANGE APPLICATION

### Section 1: To Be Completed by Insurance Coordinator

KHRIS Personnel Number	Hazardous Duty <input type="checkbox"/>	Date of Retirement	Qualifying Event Date	Coverage Effective Date
<input type="checkbox"/> KRS 80000 10006416	<input type="checkbox"/> TRS 85000 10006418	<input type="checkbox"/> KTCRS 81000 10006417	<input type="checkbox"/> JRP 86000 10006419	<input type="checkbox"/> LRP 87000 10006420
KRS Only: <input type="checkbox"/> KRS-KERS <input type="checkbox"/> CERS - Oth.Ag <input type="checkbox"/> KRS-SPRS				
Reason(s) for Application:		Qualifying Event:		
<input type="checkbox"/> New Retiree <input type="checkbox"/> Returning Retiree <input type="checkbox"/> Return to Work Retiree <input type="checkbox"/> Qualifying Event <input type="checkbox"/> Change or Update <input type="checkbox"/> Grievance		<input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption/Placement <input type="checkbox"/> Court Order for Child <input type="checkbox"/> Divorce <input type="checkbox"/> Death - Date: _____ <input type="checkbox"/> Loss of Individual Health <input type="checkbox"/> Loss of Group Health		
		<input type="checkbox"/> Begin Medicare/Medicaid <input type="checkbox"/> End Medicare/Medicaid <input type="checkbox"/> Loss of KCHIP <input type="checkbox"/> Spouse/Dependent Starting Employment <input type="checkbox"/> Spouse/Dependent Terminating Employment <input type="checkbox"/> Special Enrollment <input type="checkbox"/> Other		

### Section 2: Demographic Information - Changes or Current (Circle one)

Retiree's SSN	Retiree's Name (Last, First, MI)	Retiree's Date of Birth
Applicant's SSN	Applicant's Name (Last, First, MI)	Applicant's Date of Birth
Street Address	Primary Phone #	Secondary Phone #
City, State, ZIP	County	Home Email Address
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*\*Required information for processing. Are you Medicare eligible due to Social Security disability? ☐ Yes ☐ No

### Section 3: Spouse Information - Skip to Section 5 if electing single coverage - Changes or Current (Circle one)

Spouse's SSN	Spouse's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
***Required information for processing. Is Spouse Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> I wish to utilize the Cross-reference payment option (two KEHP members, married with children - no LRP or JRP).			
KRS Only: <input type="checkbox"/> KRS-KERS <input type="checkbox"/> CERS - Oth.Ag <input type="checkbox"/> KRS-SPRS			
Spouse's Date of Hire/Retirement	Spouse's Organizational Unit #	Spouse's Company #	
Spouse's Home Email		Spouse Work Email Address	

### Section 4: Dependent Information Changes or Current (Circle one)

\*\*\*Required information for processing:  
Are any dependents Medicare eligible due to  
Social Security disability? ☐ Yes ☐ No

If yes, who?

Child #1 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco <input type="checkbox"/> User
Child #2SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco <input type="checkbox"/> User
Child #3 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco <input type="checkbox"/> User
Child #4 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco <input type="checkbox"/> User

Retiree's SSN: \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_

Child #5 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User
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**Section 5: Tobacco Use Declaration** Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at [kehpnky.gov](http://kehpnky.gov). You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

**Section 6: Coverage Level - Note: Verification documents may be required; check with your Insurance Coordinator or HR office.**

<input type="checkbox"/> Single (self only)	<input type="checkbox"/> Parent Plus (self and child(ren))	<input type="checkbox"/> Couple (self and spouse)	<input type="checkbox"/> Family (self, spouse and child(ren))
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**Section 7: Plan Options - All plans require the LivingWell Promise to receive the monthly premium discount for the next plan year. Instructions on fulfilling your Promise can be found at [LivingWell.ky.gov](http://LivingWell.ky.gov)**

- ☐ LivingWell CDHP  
☐ LivingWell PPO  
☐ LivingWell Basic CDHP  
☐ LivingWell Limited High Deductible  
☐ LivingWell Limited High Deductible - INSURANCE COORDINATOR USE ONLY  
☐ Waive Coverage, No HRA - without \$ Reason for Waiving: \_\_\_\_\_

**Section 8: Signatures - Please submit this application to your Company Insurance Coordinator - ADDRESS BELOW**

By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your benefits Selection Guide or online at [kehpnky.gov](http://kehpnky.gov).

By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

Employee/Retiree Signature	Date	
Applicant Signature - if plan holder is not the retiree	Date	
Spouse Signature - REQUIRED if electing the cross-reference payment option	Date	
IC/HRG Signature	Date	
IC/HRG Printed Name	IC/HRG Phone Number	
Spouse's IC/HRG Signature - REQUIRED if electing the cross-reference payment option	Date	
Spouse's IC/HRG Printed Name	Spouse's IC/HRG Phone Number	
Kentucky Retirement Systems 1260 Louisville Road Frankfort, KY 40601	Teachers' Retirement Systems 479 Versailles Road Frankfort, KY 40601	LRP/JRP 305 Ann Street Frankfort, KY 40601





## 2019 RETIREE HEALTH INSURANCE ENROLLMENT/ CHANGE APPLICATION

### Section 1: To Be Completed by Insurance Coordinator

KHRIS Personnel Number	Hazardous Duty <input type="checkbox"/>	Date of Retirement	Qualifying Event Date	Coverage Effective Date
<input type="checkbox"/> KRS 80000 10006416	<input type="checkbox"/> TRS 85000 10006418	<input type="checkbox"/> KTCRS 81000 10006417	<input type="checkbox"/> JRP 86000 10006419	<input type="checkbox"/> LRP 87000 10006420
KRS Only: <input type="checkbox"/> KRS-KERS <input type="checkbox"/> CERS - Oth.Ag <input type="checkbox"/> KRS-SPRS				
Reason(s) for Application:		Qualifying Event:		
<input type="checkbox"/> New Retiree <input type="checkbox"/> Returning Retiree <input type="checkbox"/> Return to Work Retiree <input type="checkbox"/> Qualifying Event <input type="checkbox"/> Change or Update <input type="checkbox"/> Grievance		<input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption/Placement <input type="checkbox"/> Court Order for Child <input type="checkbox"/> Divorce <input type="checkbox"/> Death - Date: _____ <input type="checkbox"/> Loss of Individual Health <input type="checkbox"/> Loss of Group Health		
		<input type="checkbox"/> Begin Medicare/Medicaid <input type="checkbox"/> End Medicare/Medicaid <input type="checkbox"/> Loss of KCHIP <input type="checkbox"/> Spouse/Dependent Starting Employment <input type="checkbox"/> Spouse/Dependent Terminating Employment <input type="checkbox"/> Special Enrollment <input type="checkbox"/> Other		

### Section 2: Demographic Information - Changes or Current (Circle one)

Retiree's SSN	Retiree's Name (Last, First, MI)	Retiree's Date of Birth
Applicant's SSN	Applicant's Name (Last, First, MI)	Applicant's Date of Birth
Street Address	Primary Phone #	Secondary Phone #
City, State, ZIP	County	Home Email Address
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Married: <input type="checkbox"/> Yes <input type="checkbox"/> No

\*\*\*Required information for processing. Are you Medicare eligible due to Social Security disability? ☐ Yes ☐ No

### Section 3: Spouse Information - Skip to Section 5 if electing single coverage - Changes or Current (Circle one)

Spouse's SSN	Spouse's Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
***Required information for processing. Is Spouse Medicare eligible due to Social Security disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> I wish to utilize the Cross-reference payment option (two KEHP members, married with children - no LRP or JRP).			
KRS Only: <input type="checkbox"/> KRS-KERS <input type="checkbox"/> CERS - Oth.Ag <input type="checkbox"/> KRS-SPRS			
Spouse's Date of Hire/Retirement	Spouse's Organizational Unit #	Spouse's Company #	
Spouse's Home Email		Spouse Work Email Address	

### Section 4: Dependent Information Changes or Current (Circle one)

\*\*\*Required information for processing:  
Are any dependents Medicare eligible due to  
Social Security disability? ☐ Yes ☐ No

If yes, who?

Child #1 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco <input type="checkbox"/> User
Child #2SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco <input type="checkbox"/> User
Child #3 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco <input type="checkbox"/> User
Child #4 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco <input type="checkbox"/> User

Retiree's SSN: \_\_\_\_\_

Applicant's SSN: \_\_\_\_\_

Child #5 SSN	Name (Last, First, MI)	<input type="checkbox"/> Natural <input type="checkbox"/> Adopted <input type="checkbox"/> Court Ordered	<input type="checkbox"/> Foster <input type="checkbox"/> Step <input type="checkbox"/> Disabled	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Tobacco User
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**Section 5: Tobacco Use Declaration** Rules governing the Tobacco Use Declaration can be found in your Benefits Selection Guide or at [kehpnky.gov](http://kehpnky.gov). You are eligible for the non-tobacco user premium contribution rates provided you certify that you or any other person to be covered under your plan has not regularly used tobacco within the past six months.

Planholder: Within the past 6 months, have you used tobacco regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your spouse, if covered under this plan, used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have any children covered under this plan age 18 or older used tobacco regularly within the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

**Section 6: Coverage Level - Note: Verification documents may be required; check with your Insurance Coordinator or HR office.**

<input type="checkbox"/> Single (self only)	<input type="checkbox"/> Parent Plus (self and child(ren))	<input type="checkbox"/> Couple (self and spouse)	<input type="checkbox"/> Family (self, spouse and child(ren))
---	--	---	---

**Section 7: Plan Options - All plans require the LivingWell Promise to receive the monthly premium discount for the next plan year. Instructions on fulfilling your Promise can be found at [LivingWell.ky.gov](http://LivingWell.ky.gov)**

- ☐ LivingWell CDHP  
☐ LivingWell PPO  
☐ LivingWell Basic CDHP  
☐ LivingWell Limited High Deductible  
☐ LivingWell Limited High Deductible - INSURANCE COORDINATOR USE ONLY  
☐ Waive Coverage, No HRA - without \$ Reason for Waiving: \_\_\_\_\_

**Section 8: Signatures - Please submit this application to your Company Insurance Coordinator - ADDRESS BELOW**

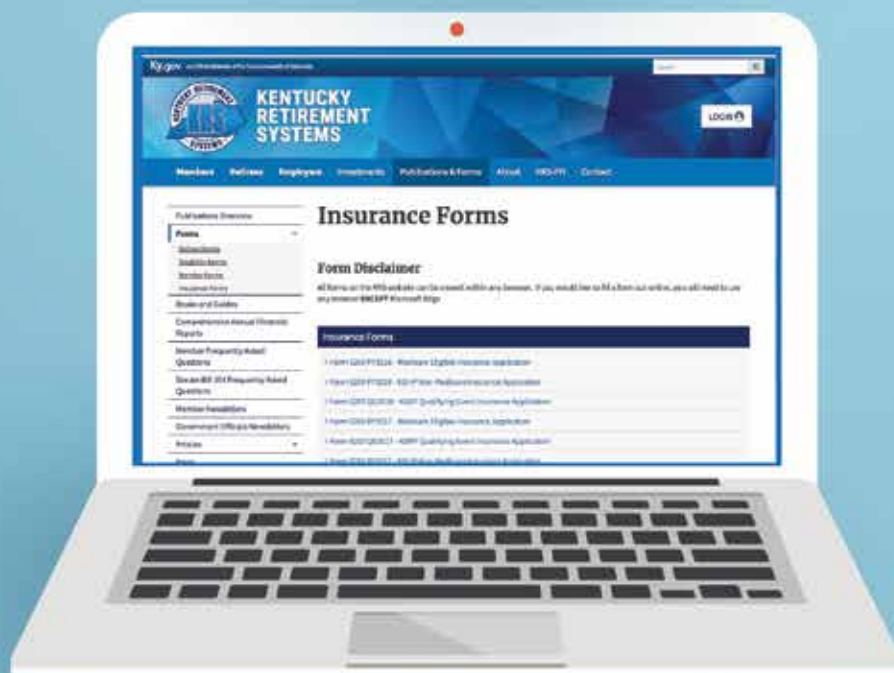
By signing this application, I certify that the information provided in this application is true and correct to the best of my knowledge. I also certify that I have read, understand and agree to the Terms and Conditions of participation in the KEHP, the KEHP Legal Notices, and the Tobacco Use Declaration. These documents can be found in your benefits Selection Guide or online at [kehpnky.gov](http://kehpnky.gov).

By typing my name in the space provided below, I am signing this application electronically and am agreeing to conduct this transaction by electronic means.

Employee/Retiree Signature	Date
Applicant Signature - if plan holder is not the retiree	Date
Spouse Signature - REQUIRED if electing the cross-reference payment option	Date
IC/HRG Signature	Date
IC/HRG Printed Name	IC/HRG Phone Number
Spouse's IC/HRG Signature - REQUIRED if electing the cross-reference payment option	Date
Spouse's IC/HRG Printed Name	Spouse's IC/HRG Phone Number
Kentucky Retirement Systems 1260 Louisville Road Frankfort, KY 40601	Teachers' Retirement Systems 479 Versailles Road Frankfort, KY 40601
LRP/JRP 305 Ann Street Frankfort, KY 40601	

# Need more forms?

Don't worry - you can  
download as many as you  
need from our website at  
[www.kyret.ky.gov](http://www.kyret.ky.gov)



# Hazardous Dependent Eligibility & Verification



**YOU MUST FILL OUT FORM 6256  
EVERY YEAR**

**Children Eligible for Coverage and Premium Contributions:** Each plan year, the **spouse** and **each dependent child** of retired hazardous members of KERS, CERS, and SPRS, as well as some disabled members, may be eligible to receive an insurance contribution based upon the retired member's service. Pursuant to KRS 16.505(17), "Dependent child" means a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member *who dies* as a direct result of an act in line of duty or *who dies* as a result of a duty-related injury, "dependent child" also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. Retired members with children who do not meet this definition may be able to cover their children under the KEHP plan, but will not receive a contribution amount toward the coverage of those children.

**Establishing Eligibility:** To establish your child's eligibility for the hazardous contribution toward health insurance for the next plan year, you must certify the child's eligibility on a completed Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance. This certification form must be timely completed annually to receive the contribution. If you submit the required certification and your child is an eligible "dependent child" pursuant to KRS 16.505(17), the contribution will be made for the applicable plan year. Additionally, you must certify that you will immediately provide KRS written notification when your child no longer qualifies. You will be required to reimburse KRS for premiums paid if you make a false or incorrect certification that a child meets the eligibility requirements or if you fail to immediately notify KRS when a child no longer meets the eligibility requirements.

**Spousal Coverage:** If your **spouse** has health insurance under your account, a Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance must be completed and submitted to KRS before the beginning of each plan year, or immediately following a qualifying event, for your **spouse** to receive the hazardous contribution toward health insurance for that plan year. If you divorce a spouse who is covered by health insurance under your KRS account, you must notify our office promptly. An ex-spouse is not eligible to remain on your plan. You must submit a new health insurance application with your ex-spouse removed (or a signed written statement to completely cancel a plan) to this office as soon as the divorce is final. A copy of the Dissolution of Marriage must be provided to KRS as soon as that is available. Without proper notification and supporting documentation, you will be required to reimburse KRS for premiums paid on behalf of an ex-spouse who is no longer eligible for health insurance under your account.

**Children Eligible for Coverage:** Pursuant to the Affordable Care Act, children are eligible to remain covered by the parent or guardian's health insurance until the first day of the month following their 26th birthday regardless of marital status. Step-children, foster children, and children for whom you have been appointed guardian may also remain on the plan until the first day of the month following their 26th birthday. (In some cases, disabled dependents can be carried past their 26th birthday.)





## Kentucky Retirement Systems

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124  
Phone: (502) 696-8800 • Fax: (502) 696-8822 • [kyret.ky.gov](http://kyret.ky.gov)



**Form 6256**  
Revised 6/2018

### Designation of Spouse and/or Dependent Child for Health Insurance

Complete this form if you are a General Assembly Retiree, Hazardous Duty Retiree, Surviving Spouse Beneficiary receiving General Assembly, Hazardous Duty, or duty related benefits under the Fred Capps Memorial Act and electing to cover a spouse and/or dependent child on health insurance.

If you are a recipient as outlined above, you must complete and submit Form 6256 Designation of Spouse and/or Dependent Child for Health Insurance to the Kentucky Retirement Systems (KRS):

- During the annual open enrollment period prior to January 1 each year.
- Upon your health insurance dependent obtaining 18 years of age.

You are required to notify KRS when your health insurance dependent has a change in marital or full-time student status.

#### Member Information Please provide your Member ID or Social Security Number in the Member ID box below

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		

#### Spouse Information If different than member.

Spouse Name:	Social Security Number:	Spouse Date of Birth:	
Address:	City:	State:	Zip Code:

Only dependents who meet the definition of a Dependent Child as defined by KRS 16.505(17) are eligible to receive health insurance contributions. KRS 16.505(17) states "Dependent Child" means a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies as a direct result of an act in line of duty or who dies as a result of a duty-related injury, "dependent child" also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. **Note: Stepchildren and grandchildren must be legally adopted in order to qualify as dependents per this statute.**

#### Dependent Information (Age 18-22 Dependent Information Only)

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted Child

Is this dependent married or has this dependent been married previously? ☐ Yes ☐ No

Is this dependent age 18 or older? ☐ Yes ☐ No

Is this dependent a full-time student? ☐ Yes ☐ No

#### Dependent Information (Age 18-22 Dependent Information Only)

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted Child

Is this dependent married or has this dependent been married previously? ☐ Yes ☐ No

Is this dependent age 18 or older? ☐ Yes ☐ No

Is this dependent a full-time student? ☐ Yes ☐ No

**Dependent Information (Age 18-22 Dependent Information Only)**

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member:      ☐ Natural Child      ☐ Adopted ChildIs this dependent married or has this dependent been married previously?      ☐ Yes      ☐ NoIs this dependent age 18 or older?      ☐ Yes      ☐ NoIs this dependent a full-time student?      ☐ Yes      ☐ No**Dependent Information (Age 18-22 Dependent Information Only)**

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member:      ☐ Natural Child      ☐ Adopted ChildIs this dependent married or has this dependent been married previously?      ☐ Yes      ☐ NoIs this dependent age 18 or older?      ☐ Yes      ☐ NoIs this dependent a full-time student?      ☐ Yes      ☐ No**Certification**

I, \_\_\_\_\_, do hereby certify that the person(s) designated above is the retiree's  
(Member Name)

spouse\* and/or dependent child\*\* as defined by law as, "a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen(18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies as a direct result of an act in line of duty or who dies as a result of a duty-related injury, "dependent child" also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. I agree that I will immediately provide written notification to Kentucky Retirement Systems as soon as the person(s) designated above no longer qualifies as a spouse\* and/or dependent child\*\* as defined by KRS 16.505(17). I understand that Kentucky Retirement Systems shall immediately cease to pay the portion of the health insurance premium made on behalf of the person designated above when that person no longer qualifies as a dependent child\*\* as defined by KRS 16.505(17). I understand and agree that I will be responsible for and shall be required to repay any insurance benefits paid on behalf of the person(s) designated above if the said person is not a dependent child\*\* as defined by KRS 16.505(17) or if I fail to notify Kentucky Retirement Systems when dependent child marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent child as defined by KRS 16.505(17).

\*105 KAR 1:410

\*\*KRS 16.505(17)

I hereby certify that the information provided on this Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance, is true and correct. I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to penalty or perjury under KRS 523.010 to KRS 523.110.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Kentucky Retirement Systems

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124  
Phone: (502) 696-8800 • Fax: (502) 696-8822 • [kyret.ky.gov](http://kyret.ky.gov)



**Form 6256**

Revised 6/2018

### Designation of Spouse and/or Dependent Child for Health Insurance

Complete this form if you are a General Assembly Retiree, Hazardous Duty Retiree, Surviving Spouse Beneficiary receiving General Assembly, Hazardous Duty, or duty related benefits under the Fred Capps Memorial Act and electing to cover a spouse and/or dependent child on health insurance.

If you are a recipient as outlined above, you must complete and submit Form 6256 Designation of Spouse and/or Dependent Child for Health Insurance to the Kentucky Retirement Systems (KRS):

- During the annual open enrollment period prior to January 1 each year.
- Upon your health insurance dependent obtaining 18 years of age.

You are required to notify KRS when your health insurance dependent has a change in marital or full-time student status.

#### Member Information Please provide your Member ID or Social Security Number in the Member ID box below

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		

#### Spouse Information If different than member.

Spouse Name:	Social Security Number:	Spouse Date of Birth:	
Address:	City:	State:	Zip Code:

Only dependents who meet the definition of a Dependent Child as defined by KRS 16.505(17) are eligible to receive health insurance contributions. KRS 16.505(17) states "Dependent Child" means a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen (18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies as a direct result of an act in line of duty or who dies as a result of a duty-related injury, "dependent child" also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. **Note: Stepchildren and grandchildren must be legally adopted in order to qualify as dependents per this statute.**

#### Dependent Information (Age 18-22 Dependent Information Only)

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted Child

Is this dependent married or has this dependent been married previously? ☐ Yes ☐ No

Is this dependent age 18 or older? ☐ Yes ☐ No

Is this dependent a full-time student? ☐ Yes ☐ No

#### Dependent Information (Age 18-22 Dependent Information Only)

Dependent Name:	Social Security Number:	Dependent Date of Birth:	
Address:	City:	State:	Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted Child

Is this dependent married or has this dependent been married previously? ☐ Yes ☐ No

Is this dependent age 18 or older? ☐ Yes ☐ No

Is this dependent a full-time student? ☐ Yes ☐ No

**Dependent Information (Age 18-22 Dependent Information Only)**

Dependent Name:	Social Security Number:	Dependent Date of Birth:
Address:	City:	State: Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent married or has this dependent been married previously? ☐ Yes ☐ NoIs this dependent age 18 or older? ☐ Yes ☐ NoIs this dependent a full-time student? ☐ Yes ☐ No**Dependent Information (Age 18-22 Dependent Information Only)**

Dependent Name:	Social Security Number:	Dependent Date of Birth:
Address:	City:	State: Zip Code:

Relationship to Member: ☐ Natural Child ☐ Adopted ChildIs this dependent married or has this dependent been married previously? ☐ Yes ☐ NoIs this dependent age 18 or older? ☐ Yes ☐ NoIs this dependent a full-time student? ☐ Yes ☐ No**Certification**

I, \_\_\_\_\_, do hereby certify that the person(s) designated above is the retiree's  
(Member Name)

spouse\* and/or dependent child\*\* as defined by law as, "a child in the womb and a natural or legally adopted child of the member who has neither attained age eighteen(18) nor married or who is an unmarried full-time student who has not attained age twenty-two (22). Solely in the case of a member who dies as a direct result of an act in line of duty or who dies as a result of a duty-related injury, "dependent child" also means a naturally or legally adopted disabled child regardless of age, of the member if the child has been determined to be eligible for federal Social Security disability benefits or is being claimed as a qualifying child for tax purposes due to the child's total and permanent disability. I agree that I will immediately provide written notification to Kentucky Retirement Systems as soon as the person(s) designated above no longer qualifies as a spouse\* and/or dependent child\*\* as defined by KRS 16.505(17). I understand that Kentucky Retirement Systems shall immediately cease to pay the portion of the health insurance premium made on behalf of the person designated above when that person no longer qualifies as a dependent child\*\* as defined by KRS 16.505(17). I understand and agree that I will be responsible for and shall be required to repay any insurance benefits paid on behalf of the person(s) designated above if the said person is not a dependent child\*\* as defined by KRS 16.505(17) or if I fail to notify Kentucky Retirement Systems when dependent child marries, ceases to be a full-time student, or otherwise ceases to qualify as a dependent child as defined by KRS 16.505(17).

\*105 KAR 1:410

\*\*KRS 16.505(17)

I hereby certify that the information provided on this Form 6256, Designation of Spouse and/or Dependent Child for Health Insurance, is true and correct. I further acknowledge that I have full understanding that any person who provides a false statement, report, or representation is subject to penalty or perjury under KRS 523.010 to KRS 523.110.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## Kentucky Retirement Systems

Perimeter Park West • 1260 Louisville Rd. • Frankfort KY 40601-6124  
Phone: (502) 696-8800 • Fax: (502) 696-8822 • [kyret.ky.gov](http://kyret.ky.gov)



**Form 6131**  
Revised 05/2008

### Bank Draft Authorization for Direct Pay Accounts

#### Recipient Information

The recipient is the person who is receiving the monthly benefit from the retirement system. Please provide your Member ID or Social Security Number in the Recipient ID box below.

Recipient Name:		Recipient ID:	
Address:	City:	State:	Zip Code:
Phone Number:	Is this a new address? <input type="radio"/> Yes <input type="radio"/> No		

#### Financial Institution Information

Financial Institution Name:	
Depositor Account Number:	
Depositor Routing Number:	
Account Type:	<input type="radio"/> Checking <input type="radio"/> Savings

I authorize and request the Kentucky Retirement Systems to withdraw the balance due of my monthly health insurance premiums from my account at the financial institution designated above. **I have attached with this form a VOIDED personalized check for deduction from my checking account or a deposit slip for deduction from my savings account.** I understand that failure to sign this authorization and provide a voided check or deposit slip will cause a delay in setting up or changing account information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### For your convenience:

The sample check below shows where to locate the required bank information to complete your bank draft authorization.

My Name  
My Address  
My City, State, & Zip

72-74/093  
9255254

1152

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

☐ Bank Name  
Bank Address

MEMO \_\_\_\_\_

⑆001862862⑆ 925 525 1152

9 Digit Bank Routing Number    Your Account Number    Check Number

## **Instructions for Completing Form 6131**

### **Bank Draft Authorization for Direct Pay Accounts**

You must complete this Form 6131, Bank Draft Authorization for Direct Pay Accounts, to authorize the withdrawal of the balance of your monthly health insurance premium directly from your account at a financial institution. A new Form 6131 must be completed to change your account number or financial institution. The financial institution may be a bank, savings bank, savings and loan association, credit union, or similar institution that is a member of the Automated Clearing House (ACH).

This form is to be used ONLY to authorize debits from your account by Kentucky Retirement Systems for the balance of your health insurance premiums. This form does not authorize deposits to your account at a financial institution.

The payment will be deducted from your account at your financial institution on the 14th calendar day of the month, unless the day is a weekend or holiday, then the payment will be deducted from your account on the last business day prior to the 14th.

Please provide the necessary information about the financial institution. You must sign and date the authorization form. You must attach a VOIDED personalized check or deposit slip from the account you are authorizing withdrawal. Your failure to sign and date the bank draft authorization form and provide a VOIDED personalized check or deposit slip will cause a delay in setting up or changing account information. If you are changing financial institutions or your account number, then the completed form and VOIDED personalized check or deposit slip must be received at Kentucky Retirement Systems before the 20th of the month prior to the month you want the change to become effective. Once the automatic bank draft has been processed by the Kentucky Retirement Systems, the bank draft may be cancelled for any of the following reasons:

1. A new bank draft authorization form is submitted and processed at KRS. This new Form 6131 will supersede your previous bank draft authorization.
2. A written notice of cancellation by you is received and processed at KRS. You should notify your financial institution if you decide to cancel this agreement.
3. The financial institution no longer accepts automatic bank draft withdrawals. If your financial institution no longer accepts automatic bank draft withdrawals, you must notify KRS in writing.
4. KRS discontinues the bank draft program with your financial institution. In this case, KRS will notify you of the cancellation in advance.
5. Your monthly benefit covers the cost of your health insurance premium and you no longer remain in direct pay status for health insurance premiums.
6. Notice of your death is received at KRS.

You may reach the Kentucky Retirement Systems at (800) 928-4646 or (502) 696-8800 if you have any questions. Written inquiries can be addressed to Kentucky Retirement Systems, 1260 Louisville Road, Frankfort, Kentucky 40601. For general information or to obtain additional forms, visit the retirement system website: [www.kyret.ky.gov](http://www.kyret.ky.gov)



## **YOU'RE FINISHED!**

Congratulations on your new retirement! Please review the checklist on page 38 to make sure you have all of your documents.

## **THANK YOU!**

**Call Center**  
**Monday - Friday**  
**8:00am - 4:30pm ET**  
**1-502-696-8800 or 1-800-928-4646**  
**Fax (502) 696-8822**

**Perimeter Park West**  
**1260 Louisville Road**  
**Frankfort, KY 40601**



1260 Louisville Road  
Frankfort, KY 40601



## Legal Notice

This publication is written in plain language for use by public employers and employees who are subject to coverage under the Kentucky Retirement Systems. It is not intended as a substitute for federal or state law, namely the Kentucky Revised Statutes, the Kentucky Administrative Regulations, or the Internal Revenue Code, nor will its interpretation prevail should a conflict arise between it and the Kentucky Revised Statutes, Kentucky Administrative Regulations, or Internal Revenue Code. Rules governing the retirement system are subject to change periodically either by statute of the Kentucky General Assembly, regulation of the Kentucky Retirement Systems, or regulation of the Internal Revenue Code. If you have questions about this material, please contact our office or seek legal advice from your attorney. Notwithstanding the foregoing, upon the discovery of any error or omission in system records, the system shall correct all records including but not limited to, membership in the system, service credit, member and employer contributions, and benefits paid and payable. See KRS 61.685.